



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100161

Date Received
2004 FEB 19 PM 2:44
03-JAN-2004

Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City PLANT CITY State FL Zip Code [Redacted]

Daytime Telephone Number [Redacted]
Evening Telephone Number [Redacted]
E-mail Address [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
1GKDS13S4[Redacted] Make GMC Model ENVOY Model Year 2003
Date Purchased July 2, 2003 Dealer's Name and Telephone Number Royal 863-687-8000 See comment box Engine: No. Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City Lakeland FL State FL Zip Code 33804
Transmission Type AUTOMATIC Antilock Brakes Powertrain Cruise Control Vehicle Component Code 180000 VEHICLE SPEED CONTROL Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 11-23-03, 12-1-03, 1-3-04, 12-8-03, 1-2-04 Failure Mileage 6000 Failure Speed Idle Vehicle stopped engine running

1-16-04 - 1-18-04 ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC038) Original Equipment Prior Repair Failure Location: _____
Tire Component Code _____ The Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured _____ Number of Deaths _____ Reported to Police N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

WHEN STOPPING ENGINE ENGINE AND VEHICLE LURCHED INTO TRAFFIC. DEALER REPLACED THE FUEL EMISSIONS CAMISTER TANK, AND RESET THE ELECTRICAL CODES BUT THE PROBLEM RECURRENT. *AK
Runs at 900 R.P.M. (600 Normal) after releasing Brake engine rpm will climb to 1100. Vehicle will move forward at an unexpected rate of speed if not aware of increased idle speed. Dealer has since replaced Fuel Tank to no avail. Vehicle has been serviced at Lott-McNair in Plant City, FL (813) 762-4181

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.
The Privacy Act of 1974-Public Law 93-570 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Failed vehicle drove approx 3 hrs exited interstate at stop at end of ramp
prior RPM at 900 (normal is 600) Has done this numerous times. Dealer first
said it was from overfilling fuel tank. Took precautions not to over-fill, still happens.
Has been happening for approx 5,000 miles and has been in shop 5 times
but still no fix.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

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POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

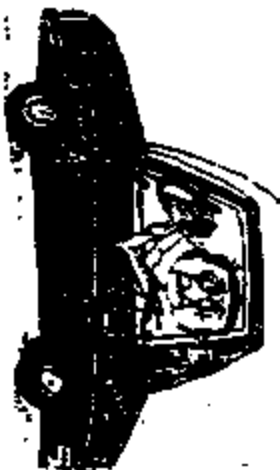
DASH2DOT

and dial toll free at

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