

10071903

Complaints

Defect Investigations

Recalls

Service Bulletins

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2004 APR 29 PM 12:18

Form Approved: O.M.B. No. 2127-0006

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 - (1-888-327-4236)

<input type="button" value="Consumer"/> » <input type="button" value="Complaint"/> » <input type="button" value="Preview"/>																																								
<h3>Consumer Information</h3> <p>* Denotes required field</p>																																								
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Title :</td> <td style="width: 40%;"><input type="text"/></td> <td style="width: 30%;">Org. Name :</td> <td><input type="text"/></td> </tr> <tr> <td>First Name :*</td> <td><input type="text"/></td> <td>MI :</td> <td><input type="text" value="R"/></td> </tr> <tr> <td>Last Name :*</td> <td><input type="text"/></td> <td></td> <td></td> </tr> <tr> <td>Address 1 :*</td> <td><input type="text"/></td> <td></td> <td></td> </tr> <tr> <td>Address 2 :</td> <td><input type="text"/></td> <td></td> <td></td> </tr> <tr> <td>City :*</td> <td><input type="text" value="Sparrows Point"/></td> <td>Zip Code :*</td> <td><input type="text"/></td> </tr> <tr> <td>State :*</td> <td><input type="text" value="Maryland"/></td> <td>Country :</td> <td><input type="text" value="UNITED ST"/></td> </tr> <tr> <td>Daytime Phone :*</td> <td><input type="text"/></td> <td>Ext :</td> <td><input type="text"/></td> </tr> <tr> <td>Fax :</td> <td><input type="text"/></td> <td>Evening Phone :</td> <td><input type="text"/></td> </tr> <tr> <td>Email :</td> <td colspan="3"><input type="text"/></td> </tr> </table>	Title :	<input type="text"/>	Org. Name :	<input type="text"/>	First Name :*	<input type="text"/>	MI :	<input type="text" value="R"/>	Last Name :*	<input type="text"/>			Address 1 :*	<input type="text"/>			Address 2 :	<input type="text"/>			City :*	<input type="text" value="Sparrows Point"/>	Zip Code :*	<input type="text"/>	State :*	<input type="text" value="Maryland"/>	Country :	<input type="text" value="UNITED ST"/>	Daytime Phone :*	<input type="text"/>	Ext :	<input type="text"/>	Fax :	<input type="text"/>	Evening Phone :	<input type="text"/>	Email :	<input type="text"/>		
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<p>There are occasions when NHTSA would like to provide automobile manufacturers with copies of questionnaires including personally identifiable information (e.g. name, address, telephone number, etc.). Manufacturers use these questionnaires to identify safety-related defects, analyze alleged problems, and correct defects. By providing manufacturers with questionnaires that contain personally identifiable information, manufacturers can contact owners to seek clarity, obtain additional details, and in some cases, inform owners of actions being taken to rectify the problem.</p> <p>If you would like to authorize NHTSA to release this questionnaire (including your personally identifiable information) to the manufacturer of your vehicle, please check the "YES" box. Your personally identifiable information will be used only for the purposes described above. If you do not wish to authorize such release, please check the "NO" box and your personally identifiable information will not be released to the manufacturer.</p> <p>See Privacy Statement below.</p> <p>I hereby consent to the release of the personally identifiable information contained in this questionnaire to the manufacturer of my vehicle.</p>																																								
<input type="button" value="Start Over"/> <input type="button" value="Back"/>																																								

The Privacy Act of 1974 - 5 U.S.C. 552a, as amended: The Privacy Act of 1974 requires Federal



Office of Defects Investigation

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Complaint Information

* Denotes required field

Please enter the complaint details and then click on "Process" to select a Complaint

Details	Complaint Type
<p>Description :*</p> <p>03 Yukon with 4,803 miles had complete power failure while traveling on I95 at approx. 65mph at 4:30 am on 4/11/04. Dealership diagnosed as fuel and fuel pump failure. Very dangerous safety issue. Can not identify cause reason and can not guarantee repeat occurrence.</p>	<p>Incident Date :* <input type="text" value="04"/> <input type="text" value="11"/> <input type="text" value="2004"/></p> <p>Number of Fatalities: <input type="text" value="0"/></p> <p>Number of Failures: <input type="text" value="2"/></p> <p>Number of Persons Injured: <input type="text" value="0"/></p> <p>Was there a Fire : <input type="checkbox"/></p> <p>Was there a Crash : <input type="checkbox"/></p> <p>Property Damage : <input type="checkbox"/></p> <p>Reported to Police : <input type="checkbox"/></p> <p>What source referred you to this site : <input type="text" value="OTHER"/></p>

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