



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
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100222

Date Received: 2005 JAN 15 11:30 AM
13-JAN-2005
Repository
Reference No. 10107305

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: BURLINGAME State: CA Zip Code: [Redacted]
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [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: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GKEL19WXYB [Redacted]
Make: GMC Model: SAFARI Model Year: 2000
Date Purchased: _____ Dealer's Name and Telephone Number: Putman J M A C
Original Owner: Dealer's City: Burlingame, CA State: CA Zip Code: _____ Engine: No: Cylinders: 6 Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes: _____ Powertrain: ALL WHEEL DRIVE Vehicle Component Code: 072100 FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP? Multiple Failure: 1
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 06-DEC-2004 Failure Mileage: 29300 Failure Speed: 45 Fuel Pump

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: DOTM19ABC036): _____ Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire 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).

THE CONSUMER WAS DRIVING AT 40 MPH, WHEN THE VEHICLE SHUT DOWN. THE VEHICLE HAD TO BE TOWED. IT WAS DISCOVERED THE FUEL PUMP WAS DEFECTIVE. *NM
*no power brakes & no power steering
Had a hard time to Steer & Stop the Truck.
could have hit someone had no warning of a problem
truck just stopped in fast lane of traffic I found
out fuel pump is located in gas tank. truck just
went dead with nothing working. I think this is*

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1974-Public Law 93-579 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.

a Safety Problem. with only 29,300 miles this should not have happened with this low mileage