



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 100148

Date Received: AM 1:30
24-MAY-2005
Repository
Reference No. 10121985

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: LOXAHATCHEE State: FL 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?
In the absence of an authorization, provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 6/8/05 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G4E1125046 [Redacted]
Make: GMC Model: ENVOY XUV Model Year: 2004
Date Purchased: 08-NOV-04 Dealer's Name and Telephone Number: SCHUMACHER Engine: No. Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: LAKE PARK State: FL Zip Code: 33403
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: 4 WHEEL DRIVE Vehicle Component Code: 182900 STRUCTURE:BODY:ROOF AND PILLARS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 22-MAY-2005 Failure Mileage: 3800 Failure Speed: 60

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM19ABC036): [Redacted] Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

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

Crash: Yes No Fire: Yes No
Number of Persons Injured: [Redacted] Number of Deaths: [Redacted] Reported to Police: [Redacted]

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).

DT: ROOF RACKS ON THE CAR BLEW OFF WHILE DRIVING. ONE WAS HANGING ON TO THE CAR, THE OTHER HIT ROAD, BOUNCING ON THE TURNPIKE. DRIVER SAW THE OTHER CAR SWERVING TO MISS THE ROOF RACK, BUT NO ACCIDENT OCCURRED. TOOK VEHICLE TO DEALER TO BE REPAIRED, BUT WANTED TO FILE COMPLAINT FIRST. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.
The Privacy Act of 1974 (Public Law 93-502) 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)

PLEASE NOTE: I have never touched, moved or used the roof racks at all. They came loose and blew off of my Envoy because of a factory defect - or - an improper original installation.

I also reported this incident to GME on 5-24-05
GMC file # 1-337702494

The roof racks are being replaced by GME

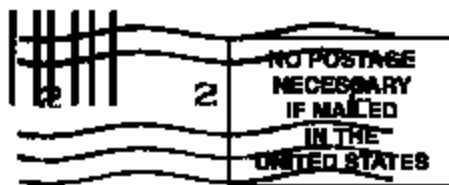
ATTACH ADDITIONAL SHEETS IF NECESSARY

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

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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



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QUESTIONNAIRE**

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COMPLETE THIS FORM
OR**

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and dial toll free at

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(DASH) 2 DOT



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