



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

FOR AGENCY USE ONLY 100148

Date Received
2005 NOV 15 11:57 AM
07-OCT-2005

Repository
Reference No.
10138017

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: JOHNSON CITY State: TN 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 your signature, the name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 11/02/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GTCS1456V [REDACTED]
Make: CHEVROLET GMC Model: SONOMA Model Year: 2000
Date Purchased: 01-SEP-03 Dealer's Name and Telephone Number: TRICITIES NISSAN 423-282-4731
Original Owner: [REDACTED] Dealer's City: Johnson City State: TN Zip Code: 37601
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 072100 FUEL SYSTEM, GASOLINE; DELIVERY; FUEL PUMP
Multiple Features: 2

FAILED COMPONENT(S)/PART(S) INFORMATION FUEL SENDING UNIT

Incident Date(s): 01-SEP-2003 Failure Mileage: 95,000 Failure Speed: 70 MPH
VEHICLE RAN OUT OF GAS ON INTERSTATE 24 WITH FUEL GAUGE SHOWING 1/4 TANK FIRST TIME AND ON INTERSTATE 75 SECOND TIME WITH GAUGE SHOWING 1/2 TANK.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/S68R15): [REDACTED]
DOT No. (Example: D0TMAL9ABC038) 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

Crash Yes No Fire Yes No
Number of Persons Injured: [REDACTED] Number of Deaths: [REDACTED] 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).

DT: CONSUMER STATES THE FUEL SENDING IN THE GAS TANK DOES NOT WORK PROPERLY, IT DOES NOT SHOW THE PROPER LEVEL OF GASOLINE IN THE GAS TANK. CONSUMER TOOK THE VEHICLE TO THE DEALER, AND THEY CONFIRMED THIS WAS THE PROBLEM WITH THE VEHICLE. THEY SAID THE FUEL SENDING UNIT AND FUEL SYSTEM NEEDED TO BE REPLACED. CONTACTED THE MANUFACTURER TO SEE IF THEY COULD DO ANYTHING FOR CONSUMER SINCE THE MILEAGE WAS OUT ON THE WARRANTY. THE MANUFACTURER COULD NOT ASSIST WITH COST. THIS PROBLEM HAD STARTED ON SEPTEMBER 1, 2003. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1974-Public Law 93-578 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 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)

VEHICLE'S ENGINE FAILED AT SPEEDS OF 75MPH WHEN FUEL TANK WAS EMPTY AND GAGE SHOWING 3/4 AND 1/2 TANKS RESPECTIVELY. I NARROWLY ESCAPED A CRASH BY PERSEVERING TRAFFIC BY NOT BEING ABLE TO CLEAR MY TRAFFIC LANE IN AMPLE TIME. IN ONE CASE THERE WAS NO SHOULDER OF ROAD TO EXIT UPON. THE SENDING UNIT IS GETTING LESS ACCURATE AS TIME GOES ON AND EVENTUALLY WILL REPORT A FULL TANK OF FUEL WHEN IT IS ACTUALLY EMPTY AS DOES MY 1997 CADILLAC DEVILLE (SEE REF. NO. 10127021). DEALER (CADILLAC GMC) IN JOHNSON CITY (PHONE# 423-222-3871) SAID THIS WAS COMMON FAILURE AFTER VEHICLE HAD 60,000-70,000 MILES ON THEM. THE PROBLEM WAS DIAGNOSED BY CAMPARAL AND GAVE ME AN ESTIMATE OF \$845 FOR REPLACING. I TALKED WITH TIM REESE, GMC CUSTOMER SERVICE REP IN 2000 AND HE LED ME TO BELIEVE THAT GMC WOULD HELP WITH THE REPLACEMENT OF THE FUEL SENDING UNIT IF IT WAS DIAGNOSED AS DEFECTIVE. I SPENT \$79 FOR THE TEST AND HE REFUSED MY REQUEST FOR ASSISTANCE. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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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

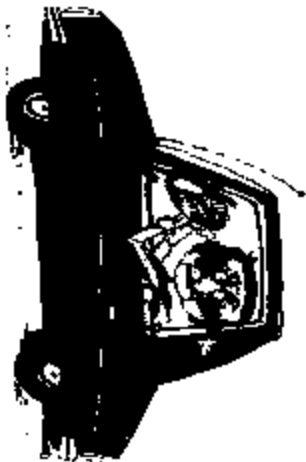
DASH2DOT

and dial toll free at

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