



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

2005 NOV 29 PM 1:05
26-OCT-2005

Repository ☐

Reference No:
10140815

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SOUTH SETAUKET State NY Zip Code [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date [REDACTED]

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
1GKET125 [REDACTED] Make GMC Model ENVOY Model Year 2004

Date Purchased 18-JUL-04 Dealer's Name and Telephone Number Southhampton Pontiac GMC
Original Owner ☒ Dealer's City Southhampton State NY Zip Code [REDACTED] Engine: No. Cylinders 6 Fuel Type: Gas

Transmission Type AUTOMATIC ☒ Antilock Brakes ☒ Cruise Control Powertrain 4 WHEEL DRIVE
Vehicle Component Code 181000 VEHICLE SPEED CONTROL: ACCELERATOR PEDAL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 31-AUG-2005 Failure Mileage 13000 Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R16)
DOT No. (Example: D0TMAL9ABC036) ☐ 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 ☐ 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).

DT: CONTACT STATED THE ACCELERATOR PEDAL HAD TO BE REPLACED, WHILE ACCELERATING TO MAKE A LEFT-HAND TURN THE ACCELERATOR WOULD NOT TAKE. THE SERVICE DEALER REPLACED THE ACCELERATOR PEDAL. THE REPAIR WAS COVERED UNDER THE WARRANTY OF THE VEHICLE. THIS REMEDIED THE PROBLEM. *AK

ATTACH ADDITIONAL SHEETS IF NECESSARY

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

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.

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

After the Accelerator Pedal failed, the vehicle was taken to a repair shop. The Service Advisor reported "Oh, I know the problem there was a service bulletin re: this problem." This statement clearly identified that there were other vehicles with the same problem & that a notice went out. This is serious. I could have been killed. Others should be informed about this repetitive problem.

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U.S. Department
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National Highway
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Administration

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

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 78178 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



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

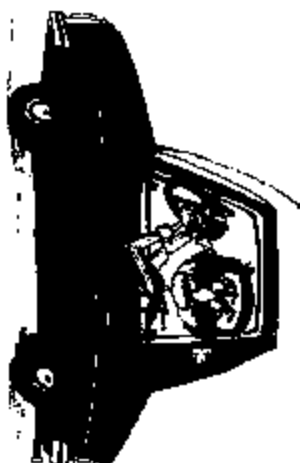
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

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and dial toll free at

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DOT Auto Safety Hotline
(DASH) 2 DOT



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