



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 100148

Date Received

Repository

2006 MAY 30 PM 2: 50  
27-APR-2006

Reference No.  
10156325

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: HILLSBORD State: OR Zip Code: [REDACTED]

Daytime Telephone Number

Evening Telephone Number  
503-600-2073

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner: [REDACTED] Date: 5/16/06  YES  NO

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GDFG15 [REDACTED]  
Make: GMC Model: SAVANNAH Model Year: 1996  
Date Purchased: 01-JUN-99 Dealer's Name and Telephone Number: Kelley Chevrolet  
Original Owner: [REDACTED] Dealer's City: [REDACTED] State: Ind Zip Code: [REDACTED]  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control  
Powertrain: UNKNOWN Vehicle Component Code: 072200 FUEL SYSTEM, GASOLINE DELIVERY: HOSES, LINES/PIPING, ...  
Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 27-APR-2006 Failure Mileage: 147500 Failure Speed: Fuel Lines  
Fuel Pump

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: The Model (Name or Number): Tire Size (Example P215/65R15)  
DOT No. (Example: DOTM1SABC036)  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).

DT\*: THE CONTACT STATED THERE IS A STRONG ODOR OF GASOLINE. THERE IS A NHTSA RECALL, # 00V110000, REGARDING THE FUEL SYSTEM GASOLINE DELIVERY HOSES, LINES/PIPING AND FITTINGS. THE VIN WAS NOT INCLUDED IN THE RECALL.

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.