



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

2006 DEC -1 AM
24-OCT-2006

Repository

R: 40

Reference No.

10171767

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CLARKESVILLE State GA Zip Code [REDACTED]

Daytime Telephone Number

Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an [REDACTED] provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 10/31/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GKES16S436 [REDACTED]
Make GMC Model ENVOY XL Model Year 2003
Date Purchased 06-APR-03 Dealer's Name and Telephone Number RAYLSON GMC
Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City GAINESVILLE State FL Zip Code 32653
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE
Vehicle Component Code 071110 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY:FILLER
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-OCT-2006 Failure Mileage 37000 Failure Speed 35

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) 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 the incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured 0 Number of Deaths 0 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 WHILE DRIVING 35 MPH ON NORMAL ROAD CONDITIONS, THE CHECK ENGINE LIGHT ILLUMINATED, AND A WARNING SIGNAL DISPLAYED ON THE VEHICLE'S PANEL. ALSO, THE CONTACT SMELLED GAS FUMES IN AND AROUND THE VEHICLE. IT WAS TAKEN TO A DEALERSHIP, WHO DETERMINED THAT THE FUEL TANK HAD A LEAK; THE FILLER NECK WAS DETACHED FROM THE TANK. THE FUEL TANK WAS REPLACED WHICH CORRECTED THE PROBLEM.
The filler neck did not connect properly to the tank which was found when tank pressurized. The connection of neck and tank appears to be a design flaw.

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 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)

The Vehicle WAS TAKEN TO TABER GMC IN TOLEDO, GA.
THE FIRST FIXED IT SO THE LIGHT WENT OFF. THIS COSTS
OVER 100⁰⁰. A COUPLE DAYS LATER THE LIGHT FOR "CHECK ENGINE"
CAME BACK ON. I TOOK IT AGAIN TO TABER AND THEY SAID I NEEDED
TO REPLACE THE TANK FOR 75⁰⁰. I TOOK THE VEHICLE TO GIL
AUTO REPAIRS IN CLARKESVILLE, GA AND THEY PUT ON A
USED GAS TANK FOR 419.00. THEY SHOWED ME WHERE THE
NECK (FILLER) WAS NOT SEALED TO THE TANK PROPERLY.

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590

OFFICIAL BUSINESS

GA MOUNTAIN PRDC
GA 306 1
01 NOV 2006 PM

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**

www.nhtsa.gov
NHTSA

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