



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

NOV 18 11 09:20
22-NOV-2006

Reference No.
10174069

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City MELROSE 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? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GK GK16F7T [REDACTED]
Make GMC Model SUBURBAN Model Year 1996
Date Purchased 01-DEC-01 Dealer's Name and Telephone Number USED CARS INC. UNKNOWN Engine: No: Cylinders 8 Fuel Type: Diesel
Original Owner Dealer's City PALATKA State FL Zip Code _____
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 070000 FUEL SYSTEM, GASOLINE
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-NOV-2006 Failure Mileage 208671 Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/65R15) _____
DOT No. (Example: DOTM19ABC036) 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 WHILE DRIVING VARIOUS SPEEDS ON THE HIGHWAY, THE ENGINE STALLED WITHOUT WARNING. AFTER STALLING, THE VEHICLE WAS NOT EASILY RESTARTED. THE VEHICLE WAS INSPECTED BY A DEALER WHO DETERMINED THE FUEL INJECTOR PUMP NEEDED TO BE REPLACED. AFTER THE INITIAL REPLACEMENT, THE PROBLEM PERSISTED. THE VEHICLE WAS INSPECTED BY A DEALER WHO DETERMINED THE FUEL PUMP NEEDED TO BE REPLACED AGAIN. THE MANUFACTURER WAS ALERTED.

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.

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

PEOPLE SAVING PEOPLE IS YOUR MOTTO. Please live up to those words. AROUND 1998 I FILED a claim on a 1996 GMCVAN FOR FAULTY wipers. THIS YEAR I RECEIVED A RECALL LETTER ON FAULTY WIPERS ON ANOTHER 1996 GMC SUBURBAN.THAT SUBURBAN ALSO HAD A RECALL ON THE INJECTOR PUMP.A DEALER IN GAINESVILLE REPLACE THE INJECTOR PUMP@ 118000approx.MULTIPLE ACCIDENTS WERE AVOIDED,HOWEVER, THIS VEHICLE WEIGHS AROUND 8500lbs IT IS EXTREMELY DIFFICULT TO STOP 8500lbs @ 60MPH WHEN STALLED.THE SAME INJECTOR PUMP WHICH FAILED UNDER RECALL HAS FAILED AGAIN.

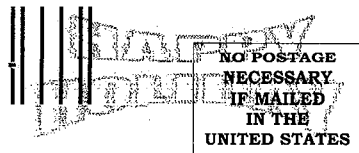
ATTACH ADDITIONAL SHEETS IF NECESSARY

DEATH OR INJURY OR BOTH ARE EMINENT!!!!!!
PLEASE DO SOMETHING!!!!!!

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

OFFICIAL BUSINESS

GAINESVILLE/GNV
FL 326
07 DEC 2006 PM 3 L



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**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration