



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

2007 NOV -8 AM 8:25
6-JUL-2007

Reference No.
10196462

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City LOUVILLE State KY 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
1GKDT13S6 [REDACTED] Make GMC Model ENVOY Model Year 2003
Date Purchased Dec. 2005 Dealer's Name and Telephone Number Rod Hatfield Chevrolet (857) 299-2772 Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City State Zip Code
Transmission Type MANUAL Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-FEB-2007 Failure Mileage 41000 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 0 Number of Deaths 0 Reported to Police Y

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).

TL*THE CONTACT OWNS A 2003 GMC ENVOY. WHILE IDLING AT A TRAFFIC LIGHT, THE CONTACT'S VEHICLE WAS REAR ENDED. THE DEALER STATED THAT THE GAS TANK WAS CRACKED ON THE VEHICLE. A GEICO REPRESENTATIVE ASSESSED THE DAMAGE AND STATED THAT THE CRACKED GAS TANK WAS THE RESULT OF SAFETY RECALL # 02V121000 (FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, AND FITTINGS). THE REAR BUMPER AND HITCH WERE DAMAGED DUE TO THE CRASH. A POLICE REPORT WAS FILED. THE PURCHASE DATE WAS UNKNOWN. THE CURRENT MILEAGE IS 42,000 AND FAILURE MILEAGE WAS 41,000.

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.



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216cg

As a result of your report to the Vehicle Safety Hotline (VSH), we have recorded that report on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the driver's door or the driver's door jam. It may also be listed on the dealer's repair invoices. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.
Thank you for your cooperation.

Sincerely,

Cynthia Glass, Acting Chief
Correspondence Research division
Office of Defects Investigation
Enforcement

Enclosure: VOQ

- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company



Regional Office:
4295 Ocmulgee East Blvd. Macon, GA 31295-0001
www.geico.com

[REDACTED]
Louisville KY [REDACTED]

July 26, 2007

Re: GEICO Claim Number 0107207430 [REDACTED]
Date of Loss 2/15/2007

Dear [REDACTED]

We have inspected your 2003 GMC Envoy involved in an accident on 2/15/2007. It is our position that the damage to your fuel tank at the filler neck is not related to this loss, and will therefore not be covered as part of this claim.

As we have discussed, this is the result of a defect in the tank that has, in the past, been covered by GM under "Special Policy Adjustment #05012," as well as the subject of a current investigation by the National Highway Traffic Safety Administration. I would encourage you to contact you dealership or GM for further information about this matter.

Thank you again for allowing us to inspect your vehicle, if there are any further issues regarding this claim please feel free to contact me a the number listed below.

Sincerely,

A handwritten signature in black ink, appearing to read "Chad Brozik".

Chad Brozik
Auto Damage Supervisor
GEICO Insurance
PO Box 910240
Lexington KY 40502
(859) 619-2867 cellular
(859) 663-9031 fax
chbrozik@geico.com

[REDACTED]
Here is the information sent out regarding the 2002 Trailblazer/Envoy problem, as we discussed. I do not have a copy of the actual letter, but this is the information that was included.

"Special policy adjustment - Fuel tank inlet check valve fracture #05012 (March 14, 2005)

Some customers of 2002 model year Chevrolet TrailBlazer EXT and GMC Envoy XL vehicles may comment on an SES illumination, may be accompanied by a fuel odor, and/or a few drops of fuel on the ground when refueling the vehicle. This may be caused by a fracture of a weld on the fuel tank inlet check valve (ICV). The ICV is located above the full fuel level. A fracture in this area may allow fuel vapors to pass through and allow droplets of fuel to accumulate on the side of the fuel tank as it passes over the fracture during refueling.

Special Policy Adjustment

This special policy covers the condition described above for a period of 7 years or 70,000 miles (110,000 km), whichever occurs first, from the date the vehicle was originally placed in service, regardless of ownership. The repairs will be made at no charge to the customer.

For vehicles covered by Vehicle Service Contracts, all eligible claims with repair orders on or after March 14, 2005, are covered by this special policy and must be submitted using the labor operation codes provided with this bulletin. Claims with repair orders prior to March 14, 2005 must be submitted to the Service Contract provider."

As you can see, this only addresses the 2002 models, but the problem is exactly the same as what you encountered. There is an active NHTSA investigation into this problem on the 2003 models, I would encourage you to contact them to report the issue, as well as GM customer service.

Sincerely,

Chad Brozik
GEICO Insurance
chbrozik@geico.com

*** Police report not right. I was at a complete stop when my vehicle was struck from behind, MLand**

Accident Number 07021097		Agency NCIC No. GA0330200		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT				County COBB		Date Rec. By DMVS					
Date 2/15/2007	Day of Week THURSDAY	Time 0815	Off. Arrived 0822	Vehicles 2	Total Number Of Injuries 0	Fatalities 0	Inside City Of:								
Road Of Occurrence CANTON ROAD				At Its Intersection With WORLEY ROAD				Corrected Report	Yes <input type="checkbox"/>						
Not at Its Intersection, <u>75</u> Miles <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Feet <input checked="" type="checkbox"/> South <input type="checkbox"/> West				1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line				Suppl To Original	Yes <input type="checkbox"/>						
And Continuing in the Direction Checked Above, The Next reference Point is:				CHANCE ROAD				Hit & Run?	Yes <input type="checkbox"/>						
1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line															
Driver # 01 Last Name [Redacted] First [Redacted] Middle [Redacted] Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted] DOB [Redacted] Driver's License No. [Redacted] Class D State GA <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female					Driver # 02 Last Name [Redacted] First [Redacted] Middle [Redacted] Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted] DOB [Redacted] Driver's License No. [Redacted] Class D State KY <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female										
Posted Speed 45 Insurance Co. GEICO Policy No. [Redacted]					Posted Speed 45 Insurance Co. LIBERTY MUTUAL Policy No. [Redacted]										
Year 1996 Make TOYOTA Model CAMRY Telephone No. [Redacted]					Year 2003 Make GENERAL MOTORS Model ENVOY Telephone No. [Redacted]										
VIN 4T1BG12K7 [Redacted] Vehicle Color BLUE					VIN 1GKDT13S63 [Redacted] Vehicle Color CAMOUFLAGE										
Trailer Tag # [Redacted] State GA County COBB Year [Redacted]					Trailer Tag # [Redacted] State KY County UNKNOWN Year [Redacted]										
<input checked="" type="checkbox"/> Same Owner's Last Name as Driver					<input checked="" type="checkbox"/> Same Owner's Last Name as Driver										
Address [Redacted]					Address [Redacted]										
City [Redacted] State GA Zip [Redacted]					City [Redacted] State KY Zip [Redacted]										
Removed By DRIVER/OWNER <input type="checkbox"/> Request <input type="checkbox"/> List					Removed By DRIVER/OWNER <input type="checkbox"/> Request <input type="checkbox"/> List										
Alcohol Test 2		Type		Results		Drug Test 2		Type		Results					
Driver Condition 1		Direction of Travel 2		Vision Obscured 1		Contributing Factors 03 --		Driver Condition 1		Direction of Travel 2		Vision Obscured 1		Contributing Factors 01 --	
Vehicle Condition 1		Vehicle Maneuver 05		Pedestrian Maneuver		-- --		Vehicle Condition 1		Vehicle Maneuver 05		Pedestrian Maneuver		-- --	
Most Harmful Event 11		Vehicle Class 1		Vehicle Type 01		Most Harmful Event 11		Vehicle Class 1		Vehicle Type 01					
Traffic Control 7		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Traffic Control 7		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Injured Taken To:											By:				
EMS Notified Time		EMS Arrival Time		Hospital Arrival Time		Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		By:							
Report By: ROOT, JACK #1427				Report Date 2/15/2007		Date Checked 2/16/2007		Checked By: ABBOTT, GREGORY #0573							
Signature: [Signature]				Department COBB COUNTY POLICE DEPARTMENT				Signature: [Signature]							
Witness(es) Name		Address		City		State		Zip		Telephone No.					
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)															
COMMERCIAL VEHICLES ONLY															
Carrier Name					Carrier Name					Vehicle #					
Address					Address										
City, State, Zip					City, State, Zip										
Number of Axles		GVWR		Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Cargo Body Type		Number of Axles		GVWR		Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Cargo Body Type	
Vehicle Config.		ICCMC #		USDOT #		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		Vehicle Config.		ICCMC #		USDOT #		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>	
CDL? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		CDL Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		CDL? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		CDL Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
If YES, Name or 4 Digit Number from Diamond or Box _____					If YES, Name or 4 Digit Number from Diamond or Box _____										
1 Digit Number from Bottom of Diamond _____					1 Digit Number from Bottom of Diamond _____										







THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXAMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).