



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

31-MAR-2010

Repository ☐Reference No.
10323026

OWNER INFORMATION (Type or Print)

Name Address

City ELMIRA HEIGHTS

State NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GKET16S646

Make

GMC

Model

ENVOY

Model Year

2004

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

☐

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

25-MAR-2010

☐ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE

Failure Mileage

69000

Failure Speed

30

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: DOTMAL9ABC036)

☐ 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).

TL*THE CONTACT OWNS A 2004 GMC ENVOY SLT. THE CONTACT STARTED THE IGNITION AND THE LOW FUEL GAUGE AND THE SERVICE ENGINE WARNING INDICATORS ILLUMINATED ON THE INSTRUMENT PANEL. THE FUEL GAUGE READING FLUCTUATED FROM FULL CAPACITY LEVEL TO EMPTY. WHEN THE VEHICLE WAS IN OPERATION THE IDENTICAL FAILURE OCCURRED ON A SEPARATE OCCASION. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER FOR INSPECTION. THE VEHICLE HAD NOT BEEN REPAIRED WHEN THE COMPLAINT WAS FILED. THE FAILURE MILEAGE WAS 69,000. THE CURRENT MILEAGE WAS 70,000.

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 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.