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|---|--|---|--|
|  <p><b>DOT Auto Safety Hotline</b><br/> <b>Vehicle Owner's Questionnaire</b><br/>         To Report Vehicle Safety Defects<br/>         1-888-DASH-2-DOT<br/>         (1-888-327-4236)<br/>         INTERNET: www.nhtsa.dot.gov/hotline</p>  |  | FOR AGENCY USE ONLY 100148                          |  |
|   |  | Date Received<br><b>1102 4 T NOV</b><br>05-MAY-2011 | Repository <input type="checkbox"/><br><br>Reference No.<br>10399204 |
| <b>OWNER INFORMATION (Type or Print)</b>  |  |   |  |
| Name  | [REDACTED]   |   | Daytime Telephone Number   |
| Address   | [REDACTED]   |   | E-mail Address   |
| City  | State  | Zip Code  | Evening Telephone Number   |
| SALINAS   | CA   | [REDACTED]  |  |
| <p>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).</p>  |  |   |  |
| <b>VEHICLE INFORMATION</b>  |  |   |  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side   |  | Make  | Model  |
| 1GKES16S546 [REDACTED]  |  | GMC   | ENVOY XL   |
| Model Year  |  | 2004  |  |
| Date Purchased  | Dealer's Name and Telephone Number   |   | Engine:  |
| 8/2004  | GMC 831-444-8444   |   | No: Cylinders  |
| Original Owner  | Dealer's City  | State   | Fuel Type:   |
| <input checked="" type="checkbox"/>   | Salinas  | CA  |  |
| Zip Code  | Multiple Failure:  |   | Incident Date(s)   |
| 93907   |  |   | 01-APR-2009  |
| Transmission Type   | <input type="checkbox"/> Antilock Brakes   | Powertrain  |  |
|   | <input type="checkbox"/> Cruise Control  |   |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>  |  |   |  |
| Vehicle Component Codes: 070000 FUEL SYSTEM, GASOLINE, 110000 ELECTRICAL SYSTEM   |  | Failure Mileage                                     | Failure Speed  |
|   |  |   | 60   |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>   |  |   |  |
| Tire Make   | Tire Model (Name or Number)  | Tire Size (Example P215/65R15)                      |  |
|   |  |   |  |
| DOT No. (Example: DOTM19ABC036)   | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair | Failure Location:                                   |  |
|   |  |   |  |
| Tire Component Code   | Tire Failure Type:   |   |  |
|   |  |   |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>   |  |   |  |
| Make:   | Date Manufactured:   | Model No./Name:                                     |  |
|   |  |   |  |
| Seat Type:  | Installation System:   |   |  |
|   |  |   |  |
| Child Seat Component Code:  | Failed Part:   |   |  |
|   |  |   |  |
| <b>APPLICABLE INCIDENT INFORMATION</b>  |  |   |  |
| <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>   |  |   |  |
| Crash   | Fire   | Number of Persons Injured                           | Number of Deaths   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  |   |  |
| Reported to Police  |  | N   |  |
| <p><b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b><br/>         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).</p>   |  |   |  |
| <p>TL* THE CONTACT OWNS A 2004 GMC ENVOY XL. THE CONTACT STATED THAT THE FUEL GAUGE AND SPEEDOMETER WOULD FLUCTUATE ABNORMALLY WHEN DRIVING OVER 60 MPH. THE VEHICLE WAS TAKEN TO THE DEALER WHERE THEY WERE UNABLE DETERMINE THE FAILURE AND THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS UNKNOWN. THE VIN WAS NOT AVAILABLE.</p>   |  |   |  |
| Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.   |  | ATTACH ADDITIONAL SHEETS IF NECESSARY               |  |
| <p>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.</p> |  |   |  |

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

The Electrical System has failed as the speedometer does not work. It has actually stopped working as of now. The gas gauge once it hits half of tank. It stops reading correctly as the gauge goes back and forth.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

**National Highway Traffic Safety Administration**

1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300



**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  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382**



**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

