



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
MAR 14 2012
18-JAN-2012

Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City JACKSONVILLE State FL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number [REDACTED]
E-mail Address [REDACTED]

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
2G1FP22G3Y2 [REDACTED]

Make CHEVROLET Model CAMARO Model Year 2000

Date Purchased JAN 2000 Dealer's Name and Telephone Number NIMNICH 338-9900 Engine: 8 Fuel Type: Mid grade
No: Cylinders 8

Original Owner [REDACTED] Dealer's City JACKSONVILLE State FL Zip Code [REDACTED]

Transmission Type [REDACTED] Antilock Brakes Powertrain Multiple Failure: Incident Date(s) 17-NOV-2010
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE Failure Mileage 50000 Failure Speed

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: DOTMAL9ABC036) 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 in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] 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 2000 CHEVROLET CAMARO Z28. THE CONTACT STATED THAT AFTER REFUELING, FUEL WOULD OVERFLOW ONTO THE GROUND DUE TO A FAULTY ROLL-OVER BALL. IN ORDER TO PREVENT THE MALFUNCTION, THE FUEL COULD ONLY BE DISPENSED DURING COOL WEATHER TEMPERATURES. TWO YEARS PRIOR, AN AUTHORIZED DEALER REPLACED THE FUEL TANK AND THE THE SIMILAR DEFECT RECURRED. THE VEHICLE HAD NOT BEEN REPAIRED FOR THE MOST RECENT FAILURE. THE MANUFACTURER WAS NOTIFIED OF THE PROBLEM. THE APPROXIMATE FAILURE MILEAGE WAS 50,000.

Did write the head quarter of GM they stated that there was NO recall and that my car was NO longer under warranty. I do NOT have a copy of the letter.

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.