



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

17-MAR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

742578

OWNER INFORMATION (Type or Print)

GEORGE BOYLES 683175
PO BOX 7
PETERSBURG IN 47567

Work Number 812 354 8776

Home Number 812 354 3081

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date: / /

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GTGK24R7WZ523288	GMC	SIERRA	1998	

Purchase Date 01-JAN-1998	Dealer's Name _____	Engine Size (CID/CC/L) 5L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08123000	Part Name(s) FUEL:FUEL EMISSION CONTROL:CANISTER	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Date(s) of Failure(s) 01-NOV-2000 55000 Mileage at Failure(s) 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

PROBLEM WITH FUEL SYSTEM EVAC CANISTER. THE CANISTER, LOCATED IN LEFT FRONT OF ENGINE COMPARTMENT HAS A FRESH AIR VENT OPENING FOR PARTIAL VENTING OF VACUM DIRECTED TOWARDS FUEL VAPOR CONTROL. IT IS COVERED BY A LOOSE FITTING CAP. THIS UN-PROTECTED OPENING ALLOWS DIRT TO ENTER THE TOP OF THE CANISTER AND EVENTUALLY CLOG THE OPENING. WHEN THIS OCCURS THE ENTIRE VACUM FORCE IS APPARENTLY DIRECTED TO THE FUEL TANK CAUSING FUEL TANK TO COLLAPSE. AN OLDER MODEL TRUCK (I BELIEVE IT WAS A 1997) WAS EXAMINED AND A SIMILAR CANISTER FRESH AIR VENT WAS STAMPED WITH THE WORDS "AIR CLEANER" THOUGH IT TOO WAS NOT CONNECTED TO THE AIR CLEANER BUT WAS ONLY COVERED BY A LOOSE FITTING CAP. THIS PROBLEM IS PROBABLY NOT EVIDENT IN VEHICLES OPERATED ON HIGHWAY ONLY. A LOCAL SERVICE STA

CONFIDENTIAL - REF - 1

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.