Form Approved: OMB No. 2127-0042

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: 01-MAR-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 758828

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1GNDX03E2XD299330	CHEVROLET TRUC	VENTURE	1999	

Purchase Dat			
01-AUG-1999 ☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L 3.8 No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
06135000	FUEL:FUEL FILTER LINE	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	01-FEB-2002 Mileage at Failure(s 29500 Vehicle Speed at Failure(s)	☐ Yes ☐ No	☐ Yes ☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ABOUT ONE MONTH AFTER INSTALLATION, REPLACEMENT FUEL FILTER STARTED LEAKING. MY WIFE NOTICED GASOLINE SMELL IN GARAGE BUT DIDN'T TAKE ANY ACTION AND PULLED OUT OF THE GARAGE AND STARTED TO HER DESTINATION. ABOUT 3 MILES INTO HER TRIP, SHE RAN OUT OF GAS. TOW TRUCK DRIVER DISCOVERED LEAKY FUEL FILTER LOCATED UNDER THE CAR, JUST UNDER THE DRIVER'S SEAT. EVIDENTLY WHEN CAR WAS RUNNING GASOLINE WAS BEING SPRAYED ON TO THE GROUND, AS EVIDENCED BY DISCOLORED STRIP ON MY DRIVEWAY, ABOUT 18 INCHES WIDE. CAR WAS TOWED TO DEALERSHIP, WHICH CLAIMED REPLACEMENT PART WAS DEFECTIVE. CALLED GM CUSTOMER SERVICE TO GET EXPLANATION FOR WHY PART FAILED, BUT THEY WERE UNABLE TO PROVIDE ANY HELP. I FEEL T

CONTINUE OTHER SIDE IF NEEDED