



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** 1367

Date Received

03-MAY-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8009162

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)<br><small>(Location at bottom of<br/>and/or above windshield)</small>  | Vehicle Make   | Vehicle Model  | Vehicle Year  | Current Odometer Reading  |
| 2GNGK26462G193078   | CHEVROLET TRUC   | SUBURBAN   | 2002  |   |
| Purchase Date   | Dealer's Name _____  | Engine Size<br>(CID/CC/L) _____  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |   |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used   | City _____ State _____ Zip Code _____  | No Cylinders _____   |   |   |
| Transmission Type   | Antilock Brakes  | Restraint System   | Cruise Control  | Drive Train   |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel |
| Vehicle Type  | Body Style   |  |   |   |
| <input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____ |  |   |   |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

|                       |  |  |  |
|-----------------------|--|--|--|
| Component<br>08113000 | Part Name(s)<br>FUEL:FUEL TANK ASSEMBLY:TANK | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Dates of Failure(s) 15-MAR-2002              | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NIHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No              |
|                       | Mileage at Failure(s) 4283                   |  |  |
|                       | Vehicle Speed at Failure(s)                  |  |  |

**APPLICATION INCIDENT INFORMATION**

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

|   |  |                           |                      |                          |   |
|---|--|---------------------------|----------------------|--------------------------|---|
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Polic<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|---|

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

AFTER FUELING VEHICLE THE NIGHT BEFORE THERE WAS A PUDDLE OF FUEL UNDERNEATH VEHICLE, THE NEXT DAY. TOOK VEHICLE TO THE DEALERSHIP WHO SAD IT WAS CAUSED BY A DEFECT IN FUEL TANK.\*AK

CONTINUE ON REVERSE

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.

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.

CONTINUE ON BACK IF NEEDED

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

AFTER FUELING VEHICLE THE NIGHT BEFORE THERE WAS A PUDDLE OF FUEL UNDERNEATH VEHICLE, THE NEXT DAY, TOOK VEHICLE TO THE DEALERSHIP WHO SAID IT WAS CAUSED BY A DEFECT IN FUEL TANK. AK Prior to fuel leak "Ses" (service engine soon light) came on. On Star and local dealer said it was an emissions problem and made appt for 6 days later. Fuel leak became apparent day before appt. Vehicle was driven unknowingly until that time.

|       |   |      |   |                           |     |                      |     |                            |     |                    |   |
|-------|---|------|---|---------------------------|-----|----------------------|-----|----------------------------|-----|--------------------|---|
| Crash | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | N/A | Number of Fatalities | N/A | Estimated Property Damages | N/A | Reported to Police | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-------|---|------|---|---------------------------|-----|----------------------|-----|----------------------------|-----|--------------------|---|

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

**APPLICATION INCIDENT INFORMATION**

No. of Failures: 1

Date(s) of Failure(s): 15-MAR-2002

Mileage at Failure(s): 4283

Vehicle Speed at Failure(s): unknown

Failed Part(s):

Location:  Front  Left  Right

Failed Parts:  Original  Replacement

NHTSA Previously:  Yes  No

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component: 06113000

Part Name(s): FUEL: FUEL TANK ASSEMBLY: TANK

Transmission Type:  Automatic  Manual

Antilock Brakes:  Yes  No

Restraint System:  3-Point Belt  Motorized  2-Point Belt  Passenger Side Airbag  Driver Side Airbag

Drive Type:  Front  Rear  4-Wheel

Vehicle Type:  Car  Van  Minivan  Other  Sport Util  Truck  Motorcycle

Body Style:  2-Door  4-Door  Station Wagon  Truck

**VEHICLE INFORMATION**

Purchase Date: 13 NOV 01

Dealer's Name: Selman Chevrolet

City: Orange State: CA Zip code: 92867

Engine Size: 6 (C/D/C/L) No Cylinders: 8

Fuel Type:  Turbo  Diesel  Gas  Fuel Injectio

Vehicle Ident. No. (VIN): 2GNCK26462G193078

Vehicle Make: CHEVROLET TRUCK

Vehicle Model: SUBURBAN

Vehicle Year: 2002

Current Odometer Reading: 6,000

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

In the absence of an authorized signature, your name and address to the vehicle manufacturer.

Signature of Owner: [Redacted]

Date: 23/05/02

**FOR AGENCY USE ONLY** 1367

Date Received: 03-MAY-2002

Office: [Redacted]

Reference No.: B009162

Work Number: [Redacted]

Home Number: [Redacted]

Information (Type or Print): [Redacted]

752233

CA

OCEANSIDE

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
www.nhtsa.dot.gov/hotline  
1-888-327-4236  
NATIONWIDE 1-888-DASH-2-DOT  
Vehicle Owner's Questionnaire (VOQ)