



DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 119

Data Received 24-JAN-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 855422	

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>(Listed at front of windshield or drivers side)</small>	Vehicle Make CHEVROLET TRU	Vehicle Model PICKUP	Vehicle Year 1997	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

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

Component 06110000	Part Name(s) FUEL:FUEL TANK ASSEMBLY	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	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)

SENSOR KIT INSIDE THE GAS TANK WIRING HARNESS MELTED, CAUSING A POSSIBLE FIRE HAZARD WITHIN THE GAS TANK. CONSUMER HAS CONTACTED THE DEALER, DEALER HAS REPLACED THE SENSOR KIT/FUEL PUMP AND THE FILTER. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK PLEASE

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.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

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Date Received

00 JUL -3 AM 9:2

24-JAN-2000

OFFICE

EFFECTS INVESTIGATION

Od_or _____
d_dt _____
Od_rt _____
Up_itr _____

Reference No.

B55422

Work Number

Home Number

Do you authorize NHTSA to contact the manufacturer of your vehicle?
In the absence of a signature, your name and address to the vehicle manufacturer.

 YES NO

Signature of Owner

Date 2/7/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <i>(Located in bottom of windshield on driver's side)</i> 1GCEK19M9VE221358 NOT AVAILABLE	Vehicle Make CHEVROLET TRU	Vehicle Model PICKUP	Vehicle Year 1997	Current Odometer Reading		
Purchase Date 3-18-97	Dealer's Name <u>BROWN + BROWN</u>		Engine Size (CID/CC/L) No Cylinders <u>8</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>MEGA</u>	State <u>AZ</u>	Zip Code			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> Sport Ut <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 00110000	Part Name(s) FUEL:FUEL TANK ASSEMBLY	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) Mileage at Failure(s) <u>41,800</u> Vehicle Speed at Failure(s) <u>65</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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CONTINUE ON BACK IF NEEDED

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June 24, 2000

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

To Whom It May Concern:

I am sorry for the delay in returning my paperwork, but I sent the part out to be analyzed and I just received the results. Please find enclosed a letter and pictures in regards to the problem I had with my fuel tank.

Please let me know what action if any is going to be taken regarding this problem.

Sincerely,



June 6, 2000

To Whom It May Concern:

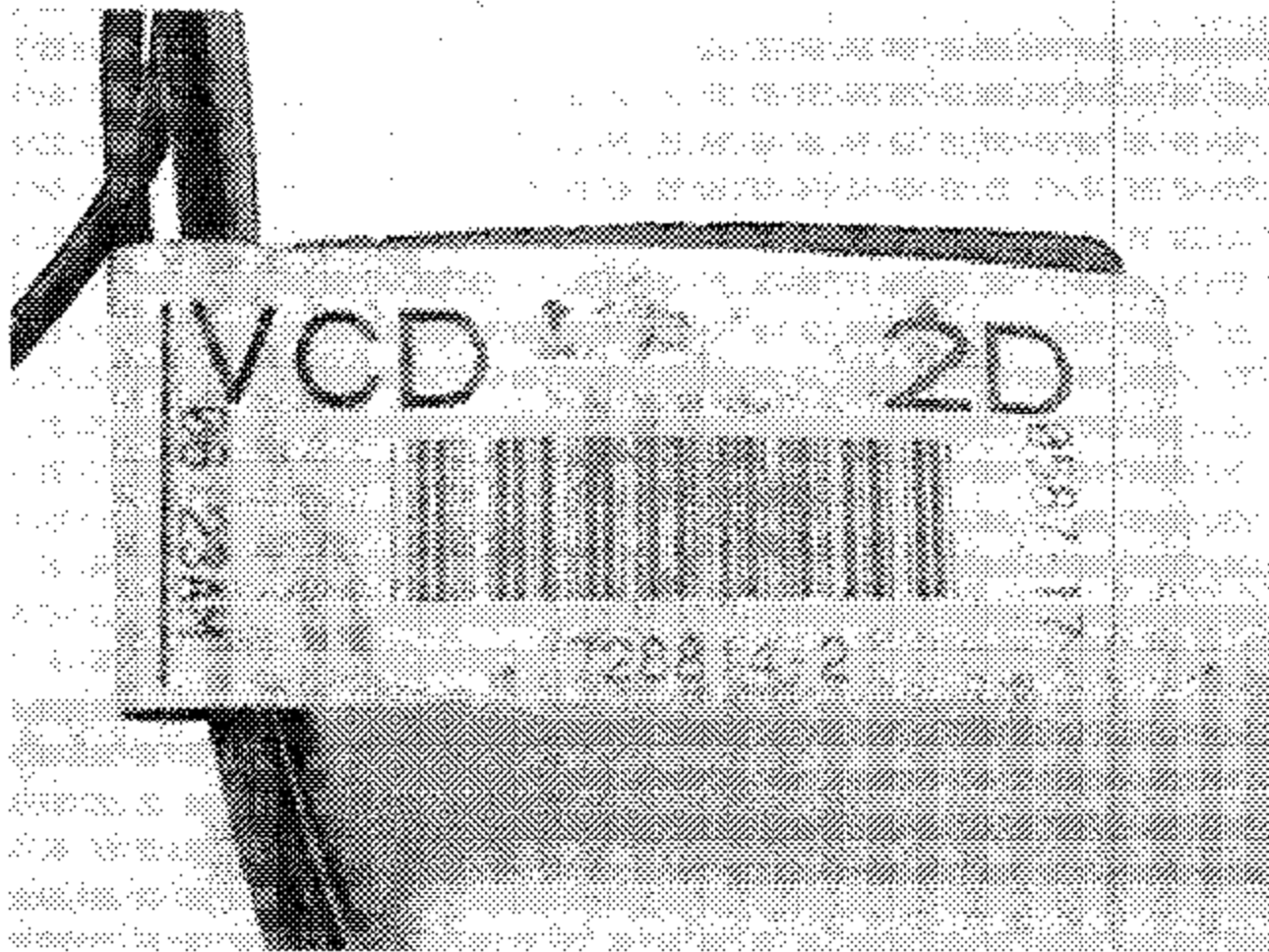
My name is Joe Vettore and I represent Vettore's Napa AutoCare Center located in Roscoe, IL. I have been in the automotive repair industry for the past twenty-five years, am an ASE Master Technician and recently was named the 2000 Napa/ASE Technician of the Year. I have been continuing my education, as has my entire shop.

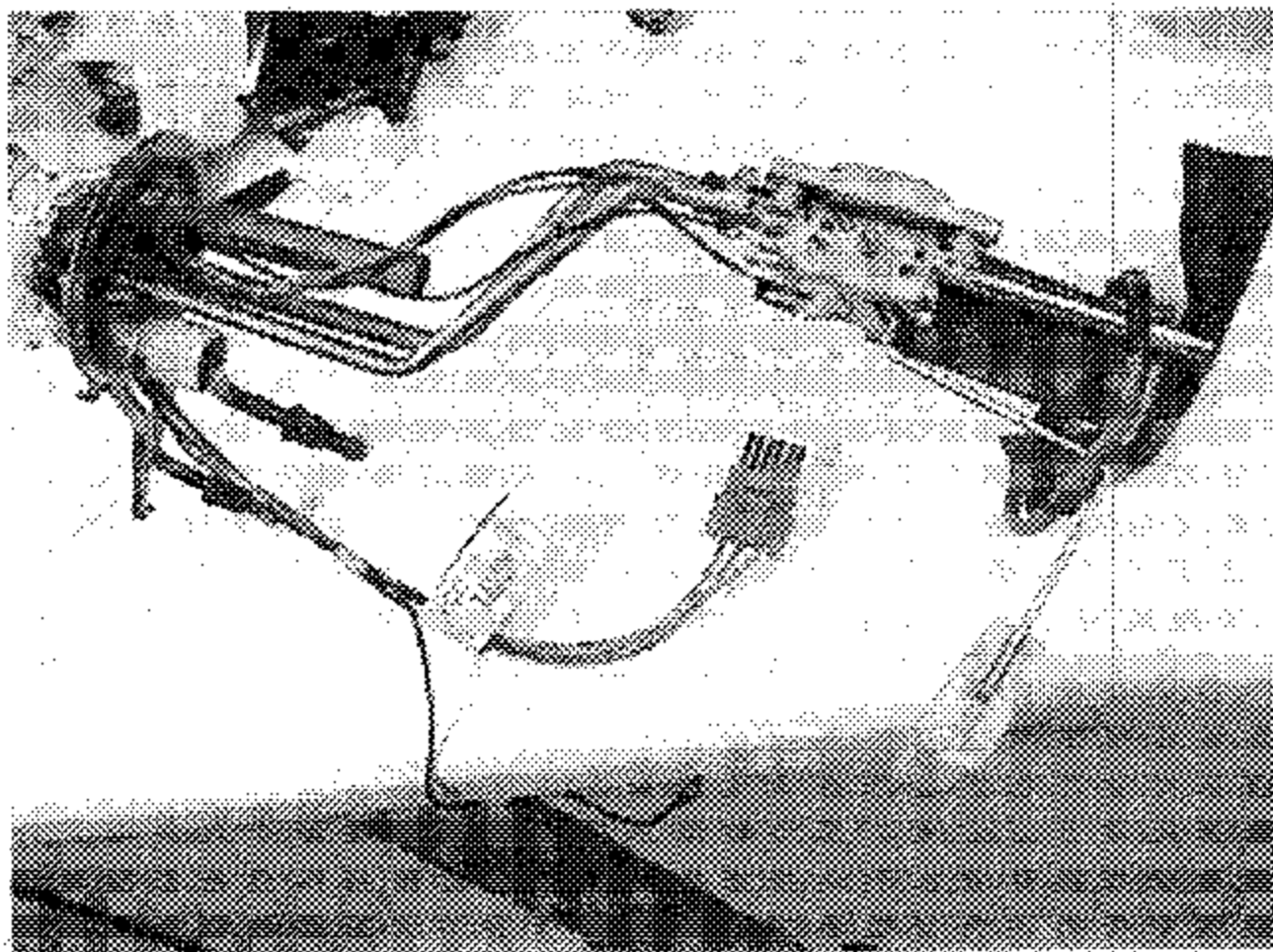
Recently, I was asked to assess an opinion pertaining to the problem in question, relating to the GM product (see enclosed). After much research, my concern is that this product is a potential fire hazard. Entirely understanding the fuel system and the lack of air in the fuel tank, I believe that during customary operations, the fuel tank could not ignite, however atmospheric pressure, traveling at the speed of light, allows air to enter the fuel tank as soon as the fuel cap is removed. All matters taken into consideration, if the situation presented itself and the perimeters were precise, one could conjure removal of the fuel cap at the exact time, possibly leading to an explosion. The wires obviously melted for a reason; either high ampridge flow caused by a bad connection, restricted fuel filter, etc... The shear temperature of this process could create enough heat to ignite the fumes in the fuel tank.

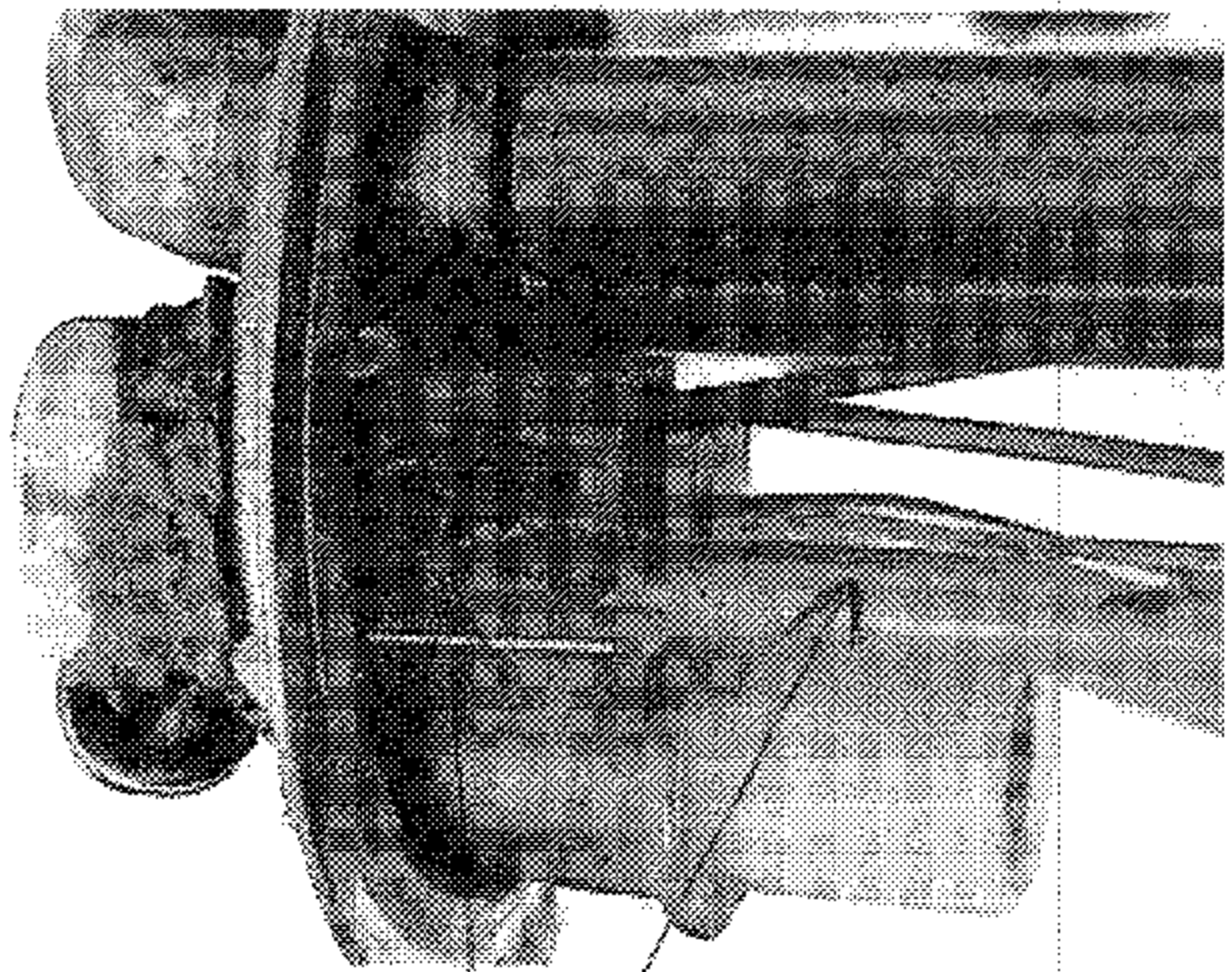
I am under the opinion, based on what I have witnessed throughout the Southwest end of the country to our own region in the Midwest; this is a problem that ought to be addressed by General Motors. Safety in the automobile industry should be our first priority. Thank you for your consideration.

Respectfully,


DBA Vettore's Napa Auto Care







HANGERS +
 WEEDS
 MOUNTED

