Form Approved: O.M.B. No. 2127-0008

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 284

Date Received: **09-MAR-2001**

od_or ____
rt_dt ____
od_rt ____
up_ltr ____

Reference No. **882614**

[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.) (Located at bottom of windshield on drivers side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1GMDX03E01D139653	PONTIAC TRUCK	MONTANA	2001	

Purchase Dat ____ [X] New ☐ Used

Dealer's Name ____________________
City ____________ State ________ Zip Code ____________

Engine Size (CID/CC/L ____
No Cylinders ________

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type: ☐ Manual ☐ Automatic

Antilock Brakes: ☐ Yes [X] No

Restraint System: ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag

Cruise Contro: ☐ Yes [X] No

Drive Trai: ☐ Front ☐ Rear ☐ 4-Wheel

Vehicle Type: ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other ________

Body Style: ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck [X] Other ________

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
06112000	FUEL:FUEL TANK ASSEMBLY:PIPE:FILLER:NECK	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure ____

Date(s) of Failure(s) 12
Mileage at Failure(s) ____

Failed Part(s): ☐ Yes ☐ No

NHTSA Previously: ☐ 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 [X] No	☐ Yes [X] No				☐ Yes [X] No

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

FUEL TANK FILLER NECK SEPARATED FROM TANK, CAUSING FUEL LEAKAGE. DEALER HAS BEEN NOTIFIED.*AK

CONTINUE ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0035

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

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 284

Date Received
09-MAR-2001

Odi_or
irt_dt
odi_rt
up_ltr

Reference No.
882614

OWNER INFORMATION (Type or Print)

[redacted] 679340

Work Num [redacted]
Home Num SAME

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of [redacted] and address to the vehicle manufacturer.

Signature of Owne [redacted] Date 3/15/01

VEHICLE INFORMATION

Vehicle Identi. No. (VIN) (Located at bottom of [redacted])	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
[redacted]	PONTIAC ~~TRUCK~~ VAN	MONTANA	2001	12,125

Purchase Date	Dealer's Name	Engine Size	
10/5/00 ☒ New ☐ Used	GENE STEVENS City FINDLAY State OH Zip Code 45840	(CID/CC/L ____ No Cylinders ____	☐ Turbo ☐ Diesel ☑ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☑ ~~Automatic~~	☑ ~~Yes~~ ☒ No	☐ 3-Point Belt ☐ Motorbelt ☑ ~~Driverside Airbag~~ ☐ 2-Point Belt ☑ ~~Passengerside Airbag~~	☑ ~~Yes~~ ☒ No	☑ ~~Front~~ ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ut ☑ ~~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)
06112000	FUEL:FUEL TANK ASSEMBLY:PIPE:FILLER:NECK	☑ Left ☐ Right ☐ Front ☑ ~~Rear~~	☑ ~~Original~~ ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
1	3/1/01 12,125	☑ ~~Yes~~ ☐ No I HAVE PART	☐ 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 Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

FUEL TANK FILLER NECK SEPARATED FROM TANK, CAUSING FUEL LEAKAGE. DEALER HAS BEEN NOTIFIED.*AK

DEALER CLAIMS I HIT SOMETHING ON THE ROAD. JOAN & I ARE THE ONLY ONES THAT DRIVE THIS VAN. IF WE DID HIT SOMETHING I DIDN'T KNOW IT. WE HAVE A REAL CONCERN ABOUT THE SAFETY OF THIS VEHICLE. I AM CONCERN ABOUT THE DESIGN OF THE FILLER TUBE & GAS TANK. THERE ARE NO DEFLECTOR AROUND THIS AREA.

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

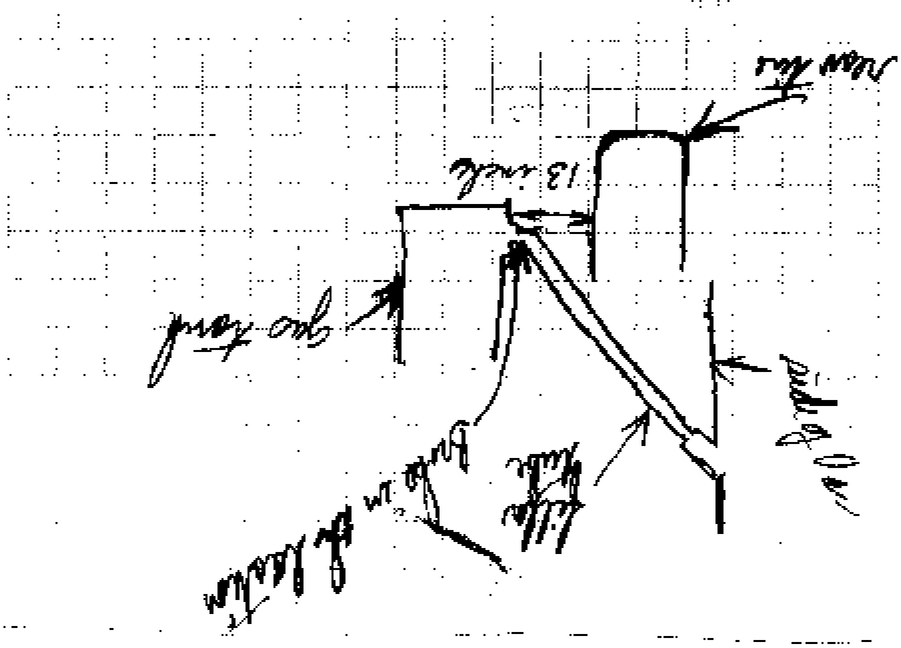
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D	O	T											MANUFACTURER/TIRE NAME	SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)



☆ U.S. G.P.O.: [illegible]

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

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590