



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 117

Date Received

09-APR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

885463

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 or driver's side) 1GCFG25M5T1015444	Vehicle Make CHEVROLET TRUCK	Vehicle Model EXPRESS	Vehicle Year 1996	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08136000	Part Name(s) FUEL:FUEL PUMP	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 3	Date(s) of Failure(s) _____ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING VEHICLE HAD STALLED OUT. LOST STEERING AND BRAKING POWER. TOWED TO DEALERSHIP. INFORMED BY MECHANIC THAT FUEL PUMP HAD FAILED AND NEEDED TO BE REPLACED. THIS HAS HAPPENED 3 TIMES ALREADY.*AK

COPIES OF REPORTS - FREE -

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 TransportationNational 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 117

Date Received

09-APR-2001

Od. or
ri. dt
od. it
up. itr

Reference No.

885463

OWNER INFORMATION (Type or Print)

685582

Work Number

Home Number

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, provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 4/22/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of
driver's side)

Vehicle Make

Vehicle Model

Vehicle Year

Current Odometer Reading

CHEVROLET TRU

EXPRESS

1996

106

Purchase Date

Dealer's Name

Eggchroot

Engine Size
(CID/CO/L)

350

☐ Turbo
☐ Diesel
☐ Gas☒ Fuel Injection☐ New ☒ Used

City Duluth

State MN

Zip Code

No Cylinders

8

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☐ Yes☒ 3-Point Belt☐ Motorbelt☒ Yes☐ Front☒ Car☐ Sport Utl☐ 2-Door☒ Automatic☒ No☒ Driverside Airbag☐ 2-Point Belt☒ No☒ Rear☐ Minivan☐ Motorcycle☐ 4-Door☐ Passengerside Airbag☐ 4-Wheel☐ Other☐ Other☒ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

Part Name(s)

Location

Failed Part(s)

05136000

FUEL:FUEL PUMP

☐ Left☐ Right☐ Front☐ Rear☒ Original☒ Replacement

No of Failures

Date(s) of Failure(s)

Don't remember at 40K

Mileage at Failure(s)

100K-113K

Vehicle Speed at Failure(s)

65 MPH STOPPED 40 MPH

Failed Part(s)

Available?

☐ Yes ☒ No

NHTSA Previously

Contacted?

☐ 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

0

☐ Yes ☒ No

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

WHILE DRIVING VEHICLE HAD STALLED OUT. LOST STEERING AND BRAKING POWER. TOWED TO DEALERSHIP. INFORMED BY MECHANIC THAT FUEL PUMP HAD FAILED AND NEEDED TO BE REPLACED. THIS HAS HAPPENED 3 TIMES ALREADY.*AK

We Called the Dealer each time about Recall? they said NO. This is an expensive Repair about \$790.00 on time. The work was done each time by Olsen Bros Automotive at 218 628.1598. This could be

CONTINUE ON BACK IF NEEDED

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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 (CONTINUE)																						

a hazardous & dangerous situation, I was lucky, very little traffic on the road at the time of the Fuel Pump Failure. Never have I ~~known~~ heard of fuel pump failing at such Low Miles. Very Dangerous & Expensive.

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