



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received 2007 JUN 10 AM 9:40

Repository

24-OCT-2005

Reference No.
10140579

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CORPUS CHRISTI State TX Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an [REDACTED] provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 11/6/05 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GKEC16R4XJ [REDACTED] Make GMC Model SUBURBAN Model Year 1999
Date Purchased 01-JUL-04 Dealer's Name and Telephone Number HICKS NISSAN/NEW AND USED UNKNOWN Engine: No: Cylinders 8 Fuel Type: Gas
Original Owner Dealer's City CORPUS CHRISTI State TX Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Powertrain REAR WHEEL DRIVE
 Cruise Control Vehicle Component Code 092100 FUEL SYSTEM, OTHER:DELIVERY:FUEL PUMP
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 21-OCT-2005 Failure Mileage 102000 Failure Speed 60 mph Fail Pump as per receipt

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident's failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] Reported to Police N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

DT: THE CONTACT STATED THAT WHILE DRIVING WITH A QUARTER TANK OF GAS THE VEHICLE STALLED WITHOUT ANY PREVIOUS WARNING. THEN, IT COMPLETELY DIED. HE PUSHED THE VEHICLE TO THE SIDE OF THE ROAD. HE WAS FINALLY ABLE TO RESTART THE VEHICLE AFTER SEVERAL ATTEMPTS, AND DRIVE HOME. THE NEXT DAY HE INSPECTED THE CONNECTION TO THE FUEL PUMP. HE DISCOVERED THERE WAS LOW VOLTAGE TO THE ELECTRICAL ASSEMBLY AREA. NHTSA RECALL 05V155000 WAS ISSUED INVOLVING THE SAME TYPE OF VEHICLE. THIS VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO VIN, BUT WAS EXPERIENCING THE SAME PROBLEM AS INDICATED IN THE RECALL. THE CONTACT CALLED GM, WHO SUGGESTED A DIAGNOSTIC TEST. NO REPAIRS HAVE BEEN MADE DUE TO THE EXPENSE OF THE REPAIRS. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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**

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

Dear Consumer:

NVS-216 aaj

As a result of your recent report to the DOT Auto Safety Hotline (DOT Hotline), we have recorded that report on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe is(are) relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the driver's door or the drivers door jam. It may also be listed on the dealer's repair invoices. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

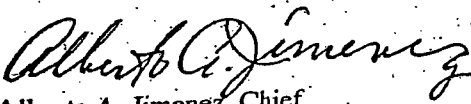
Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-address portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-address portion of the form is showing.

If further assistance is needed, please contact Mr. Michael J. Jordan, Safety Defects Program Assistant, Correspondence Research Division, Office of Defects Investigation, at (202) 493-0576.

Thank you for your cooperation.

Sincerely,


Alberto A. Jimenez, Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosures: VOQ

DOT Hotline Pamphlet



DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-327-4236

3rd
Correspondence

1-1-2007

pls. reimburse my
\$217.57 on the
enclosed documented
recall! Thank
you!
[Signature]



O'Reilly AUTO PARTS
PROFESSIONAL PARTS PEOPLE



OFFICE P.O. BOX 1156, SPRINGFIELD, MO. 65801
PHONE (417) 862-3333

1-800-828-8886
1-800-828-8886
1-800-828-8886

BILL TO

SHIP TO

PLEASE CALL
OR VISIT OUR WEBSITE
FOR STORES FOR INFO

00000

Reference #:
3850717429

Auto Value

INVOICE NUMBER

1411-107916

INVOICE TYPE

ORDER INVOICE

INVOICE DATE

10/25/06

COUNTER NO.	SPECIAL INSTRUCTIONS	SHIP VIA	CUSTOMER ORDER NO.	TIME OF ORDER	FILLED BY	CHECKED BY						
0359		Gmc		11:45:10								
TAX	R	QTY.	LINE	ITEM NUMBER	UNIT MEAS.	CD.	DESCRIPTION	LIST PRICE	NET PRICE	DISC %	CORE PRICE	EXTENDED PRICE
*		1	071773M	071773M			ELECT. FILTER	200.99	200.99			200.99
*				LIMITED LIFETIME WARRANTY								
TOTALS								200.99	200.99		SUB-TOTAL	200.99
CUSTOMER SIGNATURE _____											MISC.	
CASH TEND. _____											TAX	16.58
CHANGE _____											TOTAL	217.57

ALL MERCHANDISE RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

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