



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

FOR AGENCY USE ONLY 100148

Date Received

Repository

15-MAY-2008

Reference No.

10227871

47:05:05

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SAN ANTONIO State TX Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 5/27/2008 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GKE51165646 [REDACTED]

Make

GMC

Model

ENVOY

Model Year

2004

Date Purchased

Dealer's Name and Telephone Number
GUNN CHEVROLET

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City
SAN ANTONIO

State

TX

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
23-FEB-2006

Failure Mileage
50000

Failure Speed
5

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

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

1

Number of Deaths

0

Reported to Police

Y

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).

TL*THE CONTACT OWNS A 2004 GMC ENVOY. WHILE DRIVING 5 MPH, THE CONTACT CRASHED HEAD ON INTO A UTILITY POLE IN THE MIDDLE OF THE VEHICLE. NEITHER OF THE FRONT AIR BAGS DEPLOYED. THE DRIVER WAS INJURED AND THE UTILITY POLE WAS DAMAGED. A POLICE REPORT WAS FILED. THE VIN WAS UNKNOWN. THE CURRENT MILEAGE WAS 54,250 AND FAILURE MILEAGE WAS 50,000.

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.

TEXAS PEACE OFFICER'S ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78773-0601

PLACE WHERE ACCIDENT OCCURRED
 COUNTY BEXAR CITY OR TOWN SAN ANTONIO
 IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN N/A MILES NORTH SOUTH EAST WEST OF N/A CITY OR TOWN
 ROAD ON WHICH ACCIDENT OCCURRED 800 BLK SW. 39TH CONSTR. ZONE YES NO SPEED LIMIT 30
 INTERSECTING STREET OR RR X'ING NUMBER 600 CONSTR. ZONE YES NO SPEED LIMIT _____
 NOT AT INTERSECTION FT. MI. N S E W OF MARSAUCH
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY, IF KNOWN. SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.

LOC. NO 06-137991
 DO NOT WRITE IN THIS SPACE
 OPS NO. _____
 LOC. _____
 CODE _____
 SEVERITY _____
 FAT. REC. _____
 DR. REC. _____

DATE OF ACCIDENT 2-23- 20 06 DAY OF WEEK THURSDAY HOUR 1200
 A.M. P.M. IF EXACTLY NOON OR MIDNIGHT, SO STATE

UNIT NO. 1 - MOTOR VEHICLE
 YEAR MODEL 2004 COLOR & MAKE BLUE GMC VEH IDENT NO 1GKEE16S241L
 DRIVER'S NAME _____ MODEL NAME LL BODY STYLE 402
 DRIVER'S LICENSE _____ ADDRESS (STREET, CITY, STATE, ZIP) _____ PHONE NUMBER _____
 SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED 4
 LESSEE OWNER SAME ALCOHOL/DRUG ANALYSIS RESULT _____ PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? YES NO
 LIABILITY INSURANCE YES NO LLOYDS OF TEXAS INSURANCE COMPANY NAME _____ VEHICLE DAMAGE RATING FC-4

UNIT NO. 2
 MOTOR VEHICLE TRAIN PEDALCYCLIST OTHER ELECTRICAL POLE
 YEAR MODEL _____ COLOR & MAKE _____ MODEL NAME _____ BODY STYLE _____
 DRIVER'S NAME _____ ADDRESS (STREET, CITY, STATE, ZIP) _____ PHONE NUMBER _____
 SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED _____
 LESSEE OWNER _____ ALCOHOL/DRUG ANALYSIS RESULT _____ PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? YES NO
 LIABILITY INSURANCE YES NO _____ INSURANCE COMPANY NAME _____ VEHICLE DAMAGE RATING _____

DAMAGE TO PROPERTY OTHER THAN VEHICLES CHAIN LINK FENCE UNK 022 SW 39TH
ELECTRICAL POLE CITY PUBLIC SERVICE, SA, TX 3 FT FEET FROM CURB
 DAMAGE ESTIMATE \$1,500.00 \$1,000.00

LIGHT CONDITION <input checked="" type="checkbox"/> 1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	WEATHER <input checked="" type="checkbox"/> 1-CLEAR 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST	SURFACE CONDITION <input checked="" type="checkbox"/> 1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER	TYPE ROAD SURFACE <input checked="" type="checkbox"/> 1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) <u>SMOOTH +</u>
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IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$1000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO

CHARGES FILED YES NO
 NAME _____ CHARGE _____ CITATION NO. _____
 NAME _____ CHARGE _____ CITATION NO. _____

TIME NOTIFIED OF ACCIDENT 2-23-06 1207 A.M. P.M. HOW DISPATCHER TIME ARRIVED AT SCENE OF ACCIDENT 2-23-06 1200 A.M. P.M.
 TYPED OR PRINTED NAME OF INVESTIGATOR H. Valdez DATE REPORT MADE 2-23-06 IS REPORT COMPLETE YES NO
 SIGNATURE OF INVESTIGATOR H. Valdez ID NO. 1347 DEPARTMENT San Antonio Police Department DIST./AREA 5120

(SOL)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIR BAG CODE	HELMET CODE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTY NOT IN MOTOR VEHICLE)
INDICATES PERSONS DESIRE TO RECEIVE CONTACT FROM (PERSONS SEEKING PROFESSIONAL EMPLOYMENT OR FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, NURSE, SOCIAL WORKER, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY. Y-D-X TO SOLICIT. N-NO APPLICATION	A - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNKNOWN	A - NEARLY A SHOULDER STRAP B - COMPLETELY A SHOULDER STRAP C - CHILD RESTRAINT S - SHOULDER STRAP ONLY N - NONE	Y - DEPLOYED N - NO DEPLOYMENT U - UNKNOWN IF DEPLOYED	1 - WORN-DAMAGED 2 - WORN-NOT DAMAGED 3 - WORN-LIKE IF DAMAGED 4 - NOT WORN 5 - LINK IF WORN	X - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED

UNIT NO. 1 DAMAGE RATING **EC-4** TOWED DUE TO DAMAGE YES NO VEHICLE REMOVED TO DRIVEN AWAY BY DRIVER

COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED. NAME (LAST NAME FIRST) ADDRESS (STREET, CITY, STATE, ZIP)											
OCCUPANT'S POSITION	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE			
DRIVER SEE FRONT	N	N	A	N	Y	04	F	C			

UNIT NO. 2 DAMAGE RATING TOWED DUE TO DAMAGE YES NO VEHICLE REMOVED TO BY

COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED. NAME (LAST NAME FIRST) ADDRESS (STREET, CITY, STATE, ZIP)											
OCCUPANT'S POSITION	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE			
DRIVER SEE FRONT											

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY STATE, ZIP)	SOL	TYPE OF CASUALTY TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE
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DISPOSITION OF KILLED AND INJURED

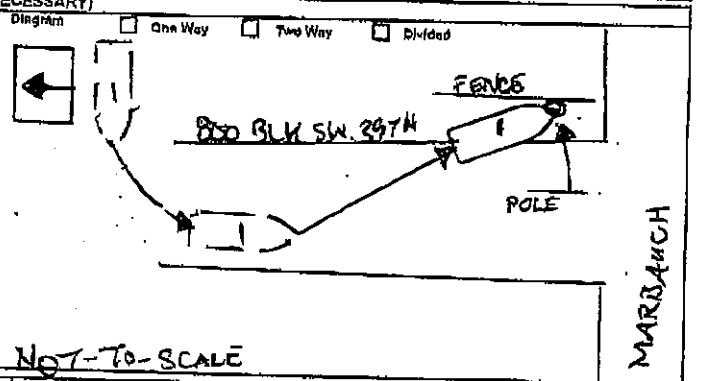
ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER
1	PRIVATE DOCTOR	SELF			

COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH
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INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

ITEM 1 STATED THAT SHE PULLED OUT OF HER DRIVEWAY, HONDED SOUTH AND PASSED OUT BEHIND THE WHEEL. ITEM 1 DID NOT WAKE UP UNTIL AFTER SHE HIT A ELECTRICAL/TELEPHONE POLE DESTROYING THE POLE. I OBSERVED NO SKID MARKS. ITEM 1 TRAVELLED APPROXIMATELY 200FT WHILE UNCONSCIOUS. ITEM 1 STATED SHE HIT HER HEAD ON THE STEERING WHEEL BUT REFUSED EMS. ITEM 1 SUFFERS FROM HYPERTENSION AND DIABETES.



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING				OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED			
UNIT 1	47	-	-	UNIT 1	-	-	-
UNIT 2	-	-	-	UNIT 2	-	-	-

TRAFFIC CONTROL

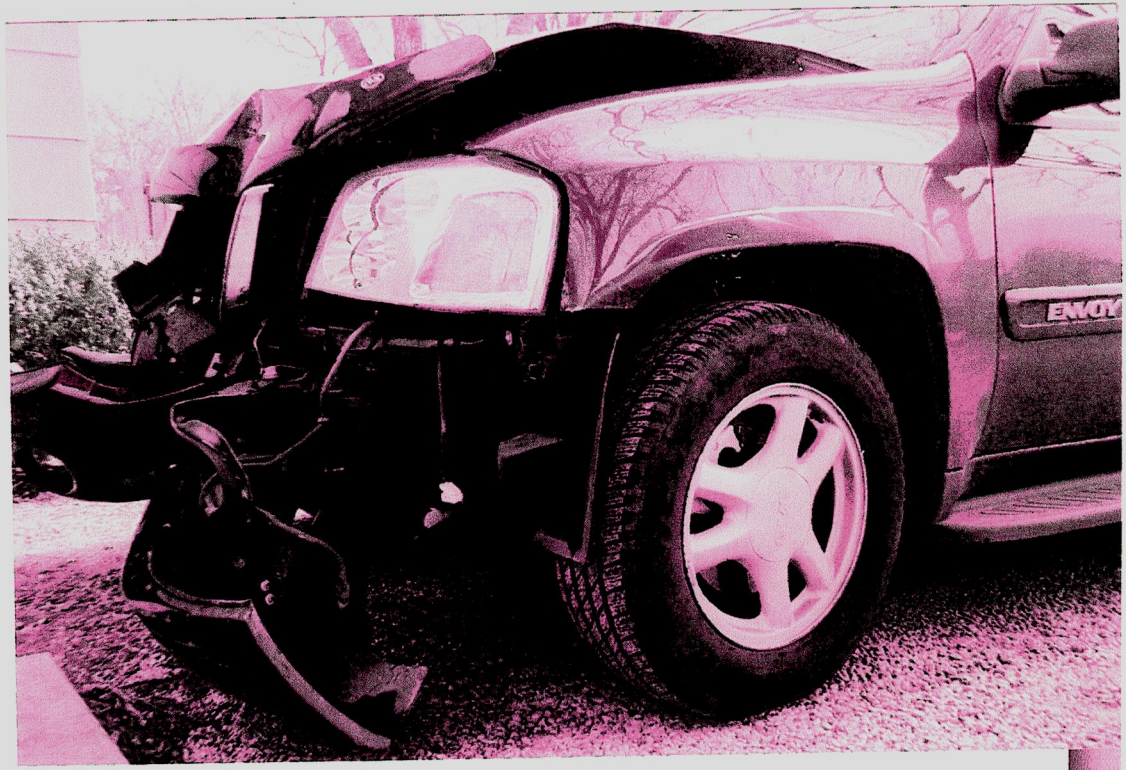
NO CONTROL OR INOPERATIVE STOPPER OR PLASMAN 2-STOP AND GO SIGNAL 2-FLASHING RED LIGHT

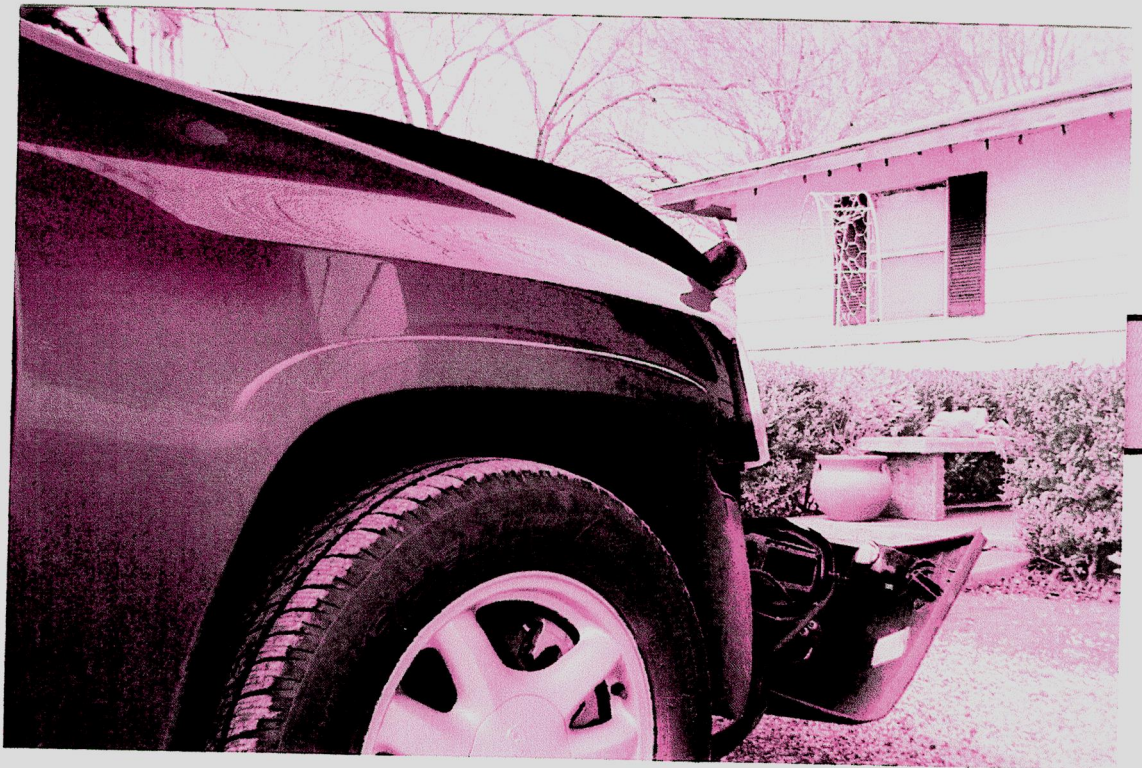
MANUAL MARKER CHAIRMAN SIGN FOR GATES OR SIGNALS 1-STOP SIGN 1-CENTER STRIPE ON DIVIDER

1A-NO PASSING ZONE 11-OTHER CONTROL

- | | | | |
|--|--|---|--|
| <ul style="list-style-type: none"> 1. ANIMAL ON ROAD - DOMESTIC 2. ANIMAL ON ROAD - WILD 3. DRAGGED WITHOUT SAFETY 4. DRAGGED LAINE WHICH OBSCURE 5. DEFECTIVE OR NO REGULATORS 6. DEFECTIVE OR NO STOP LIGHTS 7. DEFECTIVE OR NO TAIL LIGHTS 8. DEFECTIVE OR NO TURN SIGNAL LAMPS 9. DEFECTIVE OR NO TRAILER BRAKES 10. DEFECTIVE OR NO VEHICLE BRAKES 11. DEFECTIVE STEERING MECHANISM 12. DEFECTIVE OR BUCK TIRES 13. DEFECTIVE TRAILER HITCH 14. DISABLED IN TRAFFIC LAINE 15. DISREGARD STOP AND GO SIGN L 16. DISREGARD STOP SIGN OR LIGHT 17. OBEYED AND TURN WAGON AT 90 DEGREES 18. OBEYED AND TURN WAGON AT 90 DEGREES | <ul style="list-style-type: none"> 19. OBSTRUCTION IN VEHICLE 20. DRIVER DISTRACTION 21. DROVE WITHOUT HEADLIGHTS 22. FAILED TO CONTROL SPEED 23. FAILED TO DRIVE IN CORRECT LAINE 24. FAILED TO DRIVE WITHIN OF ROADWAY 25. FAILED TO YIELD BEFORE TURN 26. FAILED TO PASS TO LEFT SAFELY 27. FAILED TO PASS TO RIGHT SAFELY 28. FAILED TO SIGNAL OR GIVE SIGNALS SIGNAL 29. FAILED TO STOP AT PROPER PLACE 30. FAILED TO STOP FOR A SCHOOL BUNK 31. FAILED TO YIELD FOR TRAM 32. FAILED TO YIELD ROW - EMERGENCY VEHICLE 33. FAILED TO YIELD ROW - OPEN INTERSECTION 34. FAILED TO YIELD ROW - PRIVATE DRIVE 35. FAILED TO YIELD ROW - STOP SIGN 36. FAILED TO YIELD ROW - TO PEDESTRIAN | <ul style="list-style-type: none"> 37. FAILED TO YIELD ROW - TURNING LEFT 38. FAILED TO YIELD ROW - TURN ON RED 39. FAILED TO YIELD ROW - YIELD SIGN 40. PARKING ON A SIDEWALK 41. FAULTY DRIVER ACTION 42. DROVE IN VEHICLE 43. STOPPED ON PEDESTRIAN PATHWAY 44. STOPPED TOO CLOSELY 45. HAD BEEN DRIVING 46. HAD BEEN DRIVING (EXPLAIN IN NARRATIVE) 47. ILL EXPLAIN IN NARRATIVE 48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE) 49. IMPROPER START FROM PARKED POSITION 50. LOAD NOT SECURED 51. OPENED DOOR INTO TRAFFIC LAINE 52. OVERSIZED VEHICLE OR LAMPS 53. OVERSIZED AND PAID INSUFFICIENT CLEARANCE 54. PARKED AND FAILED TO SET BRAKES 55. PARKED IN TRAFFIC LAINE | <ul style="list-style-type: none"> 56. PARKED WITHOUT LIGHTS 57. PARKED IN NO PASSING LAINE 58. PARKED ON RIGHT SHOULDER 59. YIELDING AND FAILED TO YIELD ROW TO VEHICLE 60. STOPPING - VEHICLE (UNDER LIGHT) 61. STOPPING - OVER LIGHT 62. TURNING IMPROPERLY - CUT CORNER ON LEFT 63. TURNED IMPROPERLY - CUT CORNER ON LEFT 64. TURNED IMPROPERLY - WIDE RIGHT 65. TURNED IMPROPERLY - WRONG LAINE 66. TURNED WITH LIGHTS 67. UNDER INFLUENCE - ALCOHOL 68. UNDER INFLUENCE - DRUG 69. WRONG SIDE - APPROACH OR IN INTERSECTION 70. WRONG SIDE - NOT PASSING 71. WRONG WAY - ONE WAY ROAD 72. DRIVER DISTRACTION (EXPLAIN IN NARRATIVE) 73. ROAD ROAD 74. OTHER FACTOR (WRITE ON LINE BELOW) |
|--|--|---|--|







Sent 4-11-06 to MetLife

COPY



Committed to the People We Serve

04/06/2006

[Redacted]

SAN ANTONIO TX [Redacted]

Re: 70134397
DATE OF INCIDENT: 2/23/06
LOCATION OF INCIDENT: 800 BLK SW 39TH
AMOUNT: \$ 1,378.42

Dear [Redacted]

On the date and at the location referenced above, an incident occurred in which CPS Energy lines and/or equipment were damaged.

Our information is that you were responsible for the damages.
A summary of these charges are:

OVERHEAD:	\$ 134.46
STORES_MATERIAL:	\$ 209.11
VEHICLE / EQUIPMENT:	\$ 84.04
LABOR/REPAIR CREW:	\$ 881.26
LABOR/TROUBLEMAN:	\$ 69.55
Total Due:	\$ 1,378.42

The total cost of repairs to our facilities was \$ 1,378.42 .

It would be appreciated if you or your liability insurance company would contact this office immediately regarding our reimbursement. My phone number is [Redacted] and I can be contacted between the hours of 7:45 a.m. to 4:00 p.m., Monday through Friday.

Please remit payment to:

CPS ENERGY CLAIMS DEPT 110902
PO BOX 1771
SAN ANTONIO TX 78296

Sincerely

MELODY KREUTZIGER
Claims Representative

Copy To:

[Redacted] AUSTIN, TX [Redacted]

[Redacted] San Antonio, Texas [Redacted]

Gunn Collision Center Northeast
12520 Judson Road
San Antonio, Tx. 78233
210-599-5030 Fax: 210-599-5041

C.P. 22.75

<p>[REDACTED] SAN ANTONIO, TX [REDACTED] Home: [REDACTED] Work: 000-000-0000 Est.: MARTY Received: 2/28/06 Del. Date: Date Paid:</p>	<p>Date of Loss: 2/23/06 Year: 04 Make: GMC Model: ENVOY XL Type: Style: Color: BLUE License: [REDACTED] Mileage: 22,990 VIN: 1GKES16S646 [REDACTED]</p>	<p>METLIFE AUTO AND HOME 6303 COMMERCE DRIVE IRVING, TX 75063- Phone: 000-000-0000 Fax: 000-000-0000 Adjuster: Claim #: [REDACTED] Policy: Betterment: Deductible: 250.00</p>
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Ln.	Description	Parts	Labor Amt	Refin Amt	Other
1	Rem/Repl PANEL,FRT BMPR LICENSE	18.45	7.20		
2	Refinish PANEL,FRT BMPR LICENSE			36.00	
3	Rem/Repl BUMPER,FRONT	291.60	90.00		
4	Refinish COVER,FRONT BUMPER			115.20	
5	Rem/Repl COVER,FRONT BUMPER (Other)	330.00			
6	Rem/Repl BRACE,FRONT BUMPER LT	6.13			
7	Rem/Repl BRACE,FRONT BUMPER RT	6.13			
8	Rem/Repl DEFLECTOR,HOOD	67.99	18.00		
9	Rem/Repl GRILLE ASSEMBLY	194.92	7.20		
10	Refinish GRILLE ASSEMBLY			28.80	
11	Rem/Repl REINF,FRT BMPR COVER LT	18.71			
12	Rem/Repl REINF,FRT BMPR COVER RT	18.71			
13	Rem/Repl BAFFLE,RADIATOR PANEL	30.60	3.60		
14	Rem/Repl PANEL,RADIATOR SUPT	398.06	417.60		
15	Rem/Repl DEFL,FRONT BUMPER	75.35			
16	Rem/Repl PANEL,HEADLAMP MTG	166.78			
17	Rem/Repl AIRBAG SENSOR,FRONT LT	93.27			
18	Rem/Repl AIRBAG SENSOR,FRONT RT	93.27			
19	Rem/Repl PANEL,HOOD	342.32	54.00		
20	Refinish PANEL,HOOD			172.80	
21	Rem/Repl PAD,INSULATOR HOOD	57.82	10.80		
22	Rem/Repl LATCH,HOOD PANEL	42.26	3.60		
23	Rem/Repl SUPT,HOOD LOCK VERT	38.75			
24	Repair FENDER,FRONT LT		126.00		
25	Refinish FENDER,FRONT LT			86.40	
26	Refinish FENDER,FRONT RT			43.20	
27	Rem/Repl PNL,INR FENDER FRONT LT		18.00		
28	PNL,INR FENDER FRONT LT				
29	Refinish PNL,INR FENDER FRONT LT			21.60	
30	Rem/Repl PNL,INR FENDER FRONT RT		18.00		
31	PNL,INR FENDER FRONT RT				
32	Refinish PNL,INR FENDER FRONT RT			21.60	
33	Rem/Repl SHIELD,HEAT		7.20		
34	Refinish PNL,FRONT DOOR OUTER LT			50.40	
35	R&I HANDLE,FRONT DOOR OTR LT		21.60		
36	R&I HANDLE,FRONT DOOR OTR RT		21.60		

37	R&I MIRROR, OUTER R/C	LT		18.00			
38	R&I MIRROR, OUTER R/C	RT		18.00			
39	R&I W/STRIP, BELT OUTER	LT		7.20			
40	R&I W/STRIP, BELT OUTER	RT		7.20			
41	R&I BOARD, RUNNING	LT		18.00			
42	R&I BOARD, RUNNING	RT		18.00			
43	Rem/Repl LABEL, RADIATOR SUPPORT		16.40	3.60			
44	Rem/Repl FRAME, FRT OF FRT SUSP		586.59	353.40			
45	Refinish FRAME, FRT OF FRT SUSP				21.60		
46	Rem/Repl SHROUD, RADIATOR UPPER		40.03	3.60			
47	Rem/Repl CONDENSER, A/C (Other)		191.40	19.50			
48	Rem/Repl RADIATOR (Other)		263.25				
49	Rem/Repl CLUTCH, ENGINE FAN		278.12				
50	Rem/Repl BLADE, ENGINE FAN		134.58				
51	Rem/Repl COOLER, P/S PUMP OIL		133.48				
52	Rem/Repl HOUSING, AIR CLEANER		31.18				
53	R&I HEADLAMPS AIM			14.40			
54	Additl A/C EVACUATE & RECHARG (Other)		24.00	91.00			
55	Rem/Repl RET, FRT BUMPER COVER	LT		18.00			
56	RET, FRT BUMPER COVER	LT			7.20		
57	Refinish RET, FRT BUMPER COVER	LT					
58	Rem/Repl RET, FRT BUMPER COVER	RT		18.00			
59	RET, FRT BUMPER COVER	RT					
60	Refinish RET, FRT BUMPER COVER	RT			7.20		
62	Refinish BRACKET, FRAME	LT			7.20		
64	Refinish BRACKET, FRAME	RT			7.20		
65	Rem/Repl MOUNT, RADIATOR	LT	5.84				
66	Rem/Repl MOUNT, RADIATOR	RT	5.84				
67	Rem/Repl BRKT, A/C CONDENSER	LT	4.04				
68	Rem/Repl BRKT, A/C CONDENSER	RT	4.04				
69	Refinish FLEX ADDITIVE						5.00
70	Refinish CORROSION PROTECTION				18.00		
71	Repair FRAME SIDESWAY, F.			76.00			
72	Repair FRAME BUCKLE, F.			76.00			
73	Repair FRAME MASH, F.			76.00			
74	Rem/Repl COOLANT (Other)		12.00				
75	Repair SETUP FRAME PULL			76.00			
76	Repair TRUCK CLAMP SETUP			19.00			
77	ADP: Towing						65.00
78	Paint Materials						429.60
79	SUPT BRKT		91.52				
80	LFT RUN LIGHT		52.49				
81	SOCKET		47.83				
83	HEADLAMP						
85	CONNECTOR						
86	REPAIR LT FENDER EXTN			72.00			
87	REPAIR RT FENDER EXTN			72.00			
88	REPLACE BATTERY TRAY		30.65				
89	REPLACE TRANS LINE RETURN		18.85				
90	REPLACE TRANS LINE		21.04				
91	REPLACE HOOD MLDG CHROME		40.84				
92	REPLACE 2-FOGLAMP BULBS		19.83				
93	REPLACE LT HEADLAMP		327.88				
94	REPLACE GRILLE		352.10				
95	FOG LAMP BULB		19.83				

96	REPLACE GRILLE EMBLEM	55.28				
97	REPAIR ALIGNMENT		49.78			
98	SEAL	13.84				
	Totals	5,113.89	1,949.08		644.40	499.60

Total Category						Total
	BODY LABOR					1,112.40
	PAINT LABOR					644.40
	MECHANICAL LABOR					110.50
	FRAME LABOR					726.18
	OEM PARTS					5,113.89
	PC					429.60
	SUBLET					65.00
	MISC					5.00
	Subtotals					8,206.97
	SALES TAX					457.34
	Grand Total:					8,664.31

Gunn Collision Center Northeast
12520 Judson Road
San Antonio, Tx. 78233
210-599-5030 Fax: 210-599-5041

Signature _____ Date _____

Empty space for notes or additional information.



GUNN COLLISION CENTER LIFETIME LIMITED WARRANTY

GUNN COLLISION CENTER hereby provides this Lifetime Limited Warranty on its repairs. This warranty shall apply to: (1.) The owner of the vehicle at the time of the repair, whose name appears herein and on the Repair Order, as long as he/she owns the vehicle and (2.) the following provisions:

- I. **METAL WORK:** GUNN COLLISION CENTER provides a Lifetime Limited Warranty on all metal work to include welding and the application of materials utilized in making collision repairs against cracking, flaking, pitting, or deterioration. GUNN COLLISION CENTER will repair and repaint any metal work warranted hereby.
- II. **PAINTING:** GUNN COLLISION CENTER provides a Lifetime Limited Warranty on painting-related priming and paint work against solvent blistering, peeling, hazing and excessive loss of pigmentation. GUNN COLLISION CENTER will reprime and repaint the specific section or sections of the vehicle warranted hereby, when claim is made by the owner whose name appears herein. This warranty does not include scratches, abrasions or stone chips caused intentionally or accidentally, nor does it include damage to the paint by improper abrasive detergents or waxes, acid rain, or industrial emissions of volatile or corrosive substance.
- III. **DECALS AND STRIPES:** GUNN COLLISION CENTER provides a FIVE (5) YEAR LIMITED WARRANTY on the application and adhesion of decorative stripes and/or decals. GUNN COLLISION CENTER will re-stripe or redecal the specific section or sections of the vehicle warranted hereby, when claim is made within FIVE (5) years of the date of the original repair, by the owner whose name appears herein.
- IV. **MECHANICAL REPAIRS:** GUNN COLLISION CENTER provides a TWELVE (12) MONTH OR 12,000 MILE LIMITED WARRANTY on repaired or replaced mechanical assemblies or components pertaining directly to original collision repair. GUNN COLLISION CENTER will repair any mechanical assembly or component warranted hereby, when claim is made within TWELVE (12) MONTHS OR 12,000 MILES by the owner whose name appears herein. GUNN COLLISION CENTER provides a TWELVE (12) MONTH warranty on Mechanical Labor pertaining directly to original collision repair when claim is made within TWELVE (12) MONTHS by the owner whose name appears herein.

Any warranty on the products sold hereby, are those made by the manufacturer of the products sold. GUNN COLLISION CENTER hereby expressly disclaims all other expressed or implied warranties including the implied warranties of merchantability or fitness for particular purpose.

THIS LIFETIME LIMITED WARRANTY DOES NOT COVER: (1.) CONDITIONS RESULTING FROM UNREASONABLE USE, MAINTENANCE, OR CARE OF THE VEHICLE; (2.) INCIDENTAL COSTS SUCH AS TOWING FEES, CAR RENTAL CHARGES, TRAVEL EXPENSES, OR ASSEMBLIES AND COMPONENTS WHICH ARE NOT SPECIFICALLY COVERED BY THIS WARRANTY. THIS LIMITED WARRANTY SHALL BE NULL AND VOID IF ANY REPAIR IS ALTERED, ADJUSTED, OR TAMPERED WITH BY ANY PERSON NOT AUTHORIZED BY GUNN COLLISION CENTER.

OWNER OF VEHICLE [REDACTED] DATE 3/12/10
 YEAR/MAKE/MODEL 04 GMC Yukon VEHICLE IDENTIFICATION NUMBER 1G12 ES 165646 [REDACTED]
 COMPLETION DATE 3/12/10 DELIVERY DATE 3/12/10 REPAIR ORDER NUMBER 11279

NORTHEAST
 12520 JUDSON ROAD
 SAN ANTONIO, TEXAS 78230
 (210) 599-5030
 (210) 561-2356 (FAX)

NORTHWEST
 4851 WOODSTONE DRIVE
 SAN ANTONIO, TEXAS 78230
 (210) 697-4125
 (210) 599-5041 (FAX)

NORTH CENTRAL
 8439 CALUT LANE
 SAN ANTONIO, TEXAS 78209
 (210) 821-3668
 (210) 821-3610 (FAX)

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.