NOV 17 2009

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	**Repository** ☐
27-OCT-2009	Reference No. 10289957

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City SUNNYVALE	**State** CA	**Zip Code** [redacted]	

The information you provide will be used to identify potential safety related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3GNFC16FXX[redacted]	CHEVROLET	SUBURBAN 1500	~~2005~~ 1999

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
1/18/99	McConnell Chevy Olds (707) 433-3384		No: Cylinders 8	Diesel
Original Owner ☐	Dealer's City Healdsburg	State CA Zip Code 95448		

Transmission Type	Antilock Brakes / Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
	☒ Antilock Brakes ☒ Cruise Control			28-APR-2005

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 060000 ENGINE AND ENGINE COOLING	Failure Mileage	Failure Speed
Injector Pump	97000	35

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

TL* THE CONTACT OWNS A 1999 CHEVROLET SUBURBAN 6.5 DIESEL. WHEN DRIVING BETWEEN 35-65 MPH THE ENGINE WILL STALL, ESPECIALLY ON AN INCLINE. THE FUEL INJECTORS AND PUMP WERE REPLACED BY THE DEALER. AFTER THE REPAIR THE FAILURE RESURFACED. SINCE THE WARRANTY EXPIRED HE WAS INELIGIBLE FOR A FREE REMEDY. THE CURRENT MILEAGE WAS 147,000. THE FAILURE MILEAGE WAS 97,000.

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

- Code P1216 showed up when tested 65 times. Out of the 65 times tested, the engine stalled 6 times.
- The safety problem is that ~~the~~ not only ~~it~~ does the engine stall but the Check Engine Light does not come on when there is a problem with the injector pump.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

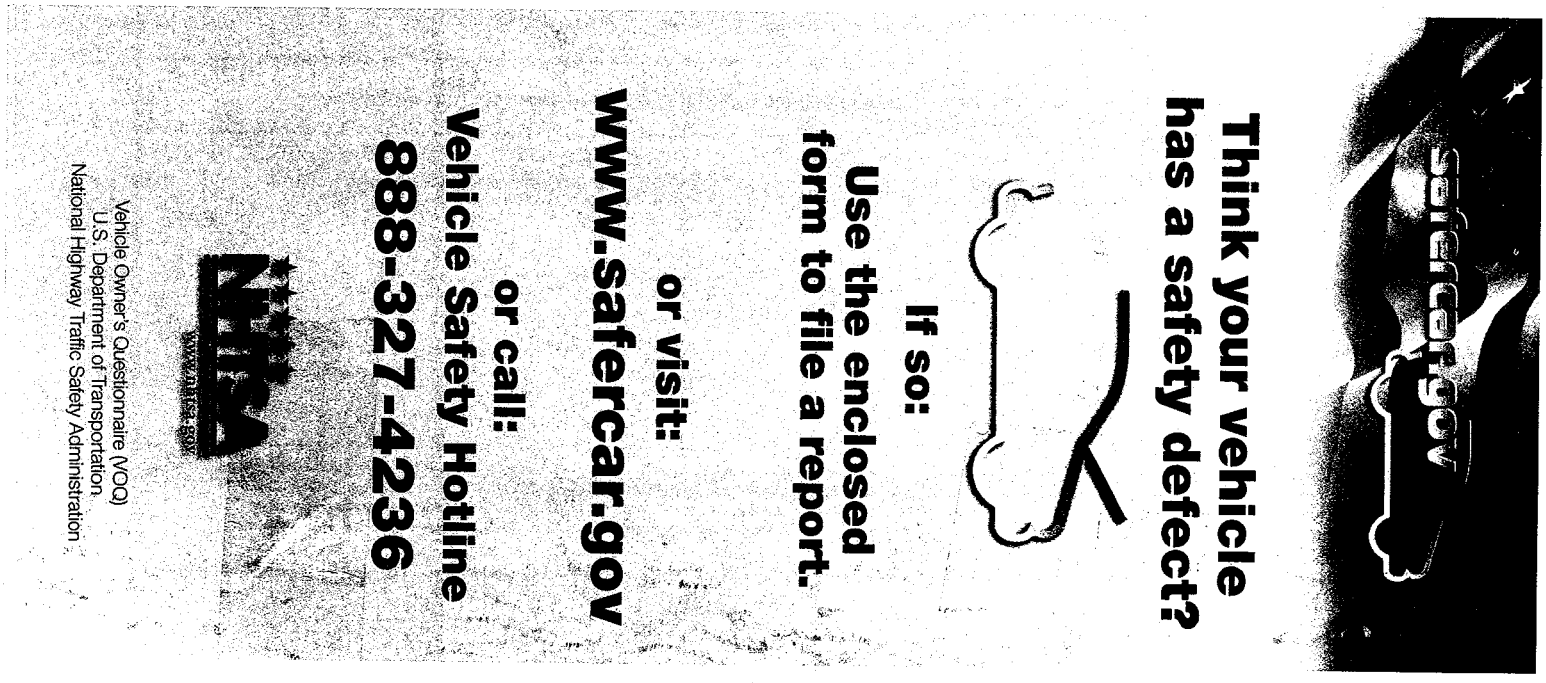
Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



CUSTOMER #:49664

[redacted]

SUNNYVALE, CA [redacted]

126765

WORKORDER

PAGE 1

COURTESY Chevrolet

CHEVROLET

PHONE (408) 249-3131
3640 STEVENS CREEK BLVD. · SAN JOSE, CA 95117
www.courtesychevrolet.com
SERVICE HOURS
7:30 AM - 6:00 PM MONDAY - FRIDAY

HOME: [redacted] CONT:N/A
BUS: CELL:

B.A.R. REG.# ARD249667 EPA# CAL000273203

SERVICE ADVISOR: 74 MASON,TODD G

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG
WHITE	99	CHEVROLET SUBURBAN	3GNFC16FXXG[redacted]	[redacted]	148528/	T4518

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
16APR98 IS 16APR98 DD			19:00 19OCT09			CASH	

R.O. OPENED	READY	OPTIONS: ENG:6.5_Liter_Diesel,_Turbo
19OCT2009 08:10		

LINE	OP. CODE	TECH.	TYPE	DESCRIPTIONS/INSTRUCTIONS
# A	10		C	CUSTOMER STATES VEHICLE INTERMITTENTLY STALL'S, WILL RESTART.. HAS TROUBLE CODE P1216.. REFERRING TO INJECTION PUMP CUSTOMER HAS CONTACTED GM FOR ASSITANCE. CASE # 71-768088431t
# B	01		C	SPOKE WITH JC.. 866-790-5700-43026

BY LAW, YOU MAY CHOOSE ANOTHER LICENSED SMOG CHECK FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY.

HAZARDOUS WASTE DISPOSAL COSTS: A charge may be assessed to cover costs associated with the handling, management and disposal of toxic waste or hazardous substances under California and Federal Law.

TEARDOWN/REASSEMBLY: If you authorize teardown of the vehicle or commencement of repairs, but do not authorize completion of a repair or service, a charge may be imposed for teardown, reassembly or partially completed work and you agree to pay the same.

It is necessary to disassemble the vehicle to provide an estimated price for repairs. The estimated teardown and reassembly charge (including parts and labor) is $_____.
The maximum time for reassembly will be _____. X_____
You understand that disassembly may prevent restoration of the vehicle to its former condition. X_____

☐ **SUBLET REPAIRS:** Some repairs must be sublet due to the type of service required. The location will be disclosed upon request.

PAYMENT TERMS: I agree to pay for all labor and materials simultaneously with delivery of the vehicle to me or 3 days after receiving notice that the vehicle is ready to be picked up. An express mechanics lien is hereby acknowledged on the vehicle to secure the cost of labor, materials, storage and/or towing charges. I understand that a storage charge equal to $ 25.00 will be assessed and shall accrue daily if I fail to pick up the vehicle within 3 days from the date I am notified that the repairs have been completed or after the communication of an estimate if I fail to authorize repairs.

I hereby grant the Dealership permission to operate the vehicle on streets, highways or public roadways for the purpose of testing and/or inspecting the vehicle. The Dealership is not responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond its control.

Customer _____ Date _____

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK

PARTS: All parts are new unless otherwise indicated. You may inspect all parts removed from the vehicle upon request. If our Dealership does not have to return the parts to the manufacturer or distributor under a warranty arrangement and they are not exempt due to their size, weight or other factors, they will be returned to you upon request. ☐ Some Parts Not Returnable ☐ Discard Parts ☐ Save Parts

ESTIMATE: WE WILL PROVIDE YOU WITH AN ESTIMATE OF THE COST OF REPAIRS. YOU CAN CHOOSE THE KIND OF ESTIMATE YOU WANT TO RECEIVE BY INITIALING BESIDE ONE OF THE FOLLOWING CHOICES AND PROVIDING A TELEPHONE NUMBER, FAX NUMBER, OR E-MAIL ADDRESS WHERE YOU CAN BE REACHED IF NECESSARY.

_____WRITTEN ESTIMATE _____ ORAL ESTIMATE _____ELECTRONIC EST.

PRELIMINARY ESTIMATE $ 135.00

☐ By Telephone at:_____ ☐By Fax to:_____
☐ By E-Mail to:_____

DESIGNATION OF PERSON TO AUTHORIZE ADDITIONAL WORK OR PARTS.

I hereby designate the individual named below to authorize any additional work not specified or parts not included in the original written estimated price for parts and labor:

Name of Designee:_____ Phone Number:_____
Fax Number:_____ E-Mail Address:_____
Customer _____ Date:_____

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:
$	$			☐Telephone ☐Fax (See Attached) ☐E-mail (See Attached)
Revised Estimate $	$			☐Telephone ☐Fax (See Attached) ☐E-mail (See Attached)

I acknowledge notice and oral approval of an increase in the original estimated price

Sunnyvale CHEVROLET

660 West El Camino Real
SUNNYVALE, CA 94087
Phone (408) 736-3496

U.S. E.P.A. ID # CAR#000149609

BAR # AK-230242

CUSTOMER NO.	ADVISOR	TAG NO.	INVOICE DATE	INVOICE NO.
39300	JIM WALLING 30	5252	04/28/05	CTCS17000
[redacted] SUNNYVALE, CA [redacted]	LABOR RATE / LICENSE NO. [redacted]	MILEAGE 97,231	COLOR WHITE/	STOCK NO.
	YEAR / MAKE / MODEL 99/CHEVROLET TRUCK/SUBURBAN/UT 1500		DELIVERY DATE 04/16/98	DELIVERY MILES
	VEHICLE I.D. NO. 3 G N F C 1 6 F X X G [redacted]		SELLING DEALER NO.	PRODUCTION DATE
RE [redacted]	F.T.E. NO.	P.O. NO.	RO DATE 04/20/05	
	COMMENTS			MO: 97231

JOB# 1 CHARGES----------

LABOR----------

J# 1 02CTZ DRIVEABILITY TECH(S):24 WARRANTY

CUSTOMER STATES VEHICLE INTERMITTENTLY DIES WHILE DRIVING
WILL NOT RESTART-INSPECT AND REPORT
WARRANTY ADD-ON,UPON INSPECTION DISCOVERED ENGINE CRANKS
DOES NOT START-DISCOVERED DTC P1216 FUEL SOLENOID
RESPONSE TO SHORT-DISCOVERED FUEL RATE 27MM,INJECTOR TIMING
ACTUAL 0.0 DEGREES,DISIRED 12.2 DEGREES.FUEL PRESSURE TO
INJECTOR PUMP 4 PSI,FUEL QUALITY 39 DEGREES.TDC OFF SET
-67 DEGREES.INJECTION SOLENOID CLOSING TIMING 0.01 MILLI
SECONDS-AT IDLE 1.98 MILLISECONDS,GOES UP TO 2.15
MILLISECONDS-PERFORMED LOAD TEST VEHICLE DIES,INJECTION
CLOSING TIMING GOES FROM 1.98 TO 0.01 MILLISECONDS.
FUEL INJECTION PUMP INTERNAL FAILURE
REPLACED INJECTION PUMP,SET TIMING.TDC OFFSET -44 DEGREES
INJECTION CLOSING TIMING 1.70MS-INJECTION PUMP TIMING
12.6 DEGREES DESIRED,12.5 DEGREES ACTUAL-OK TEST DROVE
NO DTC'S RETURNED

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
	1	12531704	GASKET KI 3.270		WARRANTY
	1	10137486	GASKET-FU 3.306		WARRANTY
			TOTAL - PARTS		0.00

JOB# 1 TOTALS----------

JOB# 1 JOURNAL PREFIX CTCS JOB# 1 TOTAL 0.00

ESTIMATE----------

CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF $200.00 (+TAX)

COMMENTS----------

SPECIAL POLICY 00064F

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1 OF 2 REFERENCE RO 17274

GENERAL MOTORS MAY BE SENDING YOU A SURVEY REGUARDING THE SERVICE
YOU HAD PERFORMED TODAY.PLEASE FILL OUT THE SURVEY AND RETURN IT TO
GENERAL MOTORS."COMPLETELY SATISFIED".IF YOU HAVE ANY OTHER
CONCERNS,PLEASE GIVE ME A CALL.

THANK YOU FOR YOUR BUSINESS
JIM WALLING

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[CONTINUED ON NEXT PAGE] 04:00pm