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

ODI/AGENCY USE ONLY 100148

Date Received	Repository
AUG 12 2010 20-MAY-2010	Reference No. 10331384

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City PAHRUMP **State** NV **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
1G1ZT618X6[redacted]	CHEVROLET	MALIBU MAXX	2006

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
11/16/07	Bill Herd Chevrolet out of Business		No: Cylinders	unlead
Original Owner ☐	Dealer's City: Las Vegas	State: NV Zip Code:		

Transmission Type	☐ Antilock Brakes ☒ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 19-MAY-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 070000 FUEL SYSTEM, GASOLINE, 072100 FUEL SYSTEM, GASOLINE: DELIVERY: FUEL PUMP	Failure Mileage 83089	Failure Speed

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 2006 CHEVROLET MALIBU MAXX. THE CONTACT STATED THERE WAS AN OVERWHELMING SMELL OF GASOLINE FROM THE EXTERIOR OF THE VEHICLE. THE DEALER ADVISED THE CONTACT THAT THE FUEL PUMP WAS CRACKED AND WOULD NEED TO BE REPLACED. THE DEALER ALSO ADVISED THAT THERE WAS A POSSIBILITY THAT THE FAILURE WOULD RECUR. THE FAILURE AND CURRENT MILEAGES WERE 83,089.

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)

Its our Son Car. We didnt take it to the Dealer because the Dealer said it would be 300.00 dollars to take the panel off to get to the Fuel pump and 300.00 to put the panel back on. and 60.00 dollars to put it on the machine to see what the problem is plus labor and parts. So we took it to ALL Automotive and the total Bill was 576.00 GM. said they would pay for it because we didnt take it to the Dealer ship. We have the fuel pump in our garage.

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

Think your vehicle has a safety defect?

If so:

Use the enclosed form to file a report.

or visit:
www.safercar.gov

or call:
Vehicle Safety Hotline
888-327-4236

NHTSA

Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

ALL AUTOMOTIVE
1100 E. 4TH ST.
ON 4TH AND CENTER ST.
PAHRUMP, NV 89048
775-727-4170

AUTO REPAIR ORDER

NAME [redacted]

ADDRESS

CITY, STATE

QUAN.	PART NO.	NAME OF PART	PRICE
1	Fuel	Pump NEW	386-
		w/tx 586	
	Fairway Chevrolet		
	Save old fuel pump for		
	customer		
	[illegible] line broke at [illegible]		
	[illegible] into box		
		TOTAL PARTS	

MECHANICS RECOMMENDATIONS

[illegible]
[illegible]
[illegible] [redacted]

ESTIMATE AMOUNT • PARTS & LABOR ▶ 576-

CUSTOMER'S INFORMATION

DATE	CUSTOMER'S ORDER NO.	WHEN PROMISED	PHONE
5 19 10	2.5 V6		

YEAR • MAKE • MODEL	SERIAL NO. / MOTOR NO.
06 Chevy Malibu	MAXX LT

LICENSE NO.	ODOMETER	WRITTEN BY
[redacted]	63086	

☐ LUBE ☐ OIL CHANGE ☐ FLUSH TRANS. ☐ FLUSH DIFF. ☐ WASH ☐ POLISH

Fuel leaking from gas tank & fuel pump
[illegible] fuel tank found plastic fuel line
fitting on top of pump cracked causing
fuel to leak
Ref [illegible] Chevy Cobalt & same fuel pump [illegible]

Replaced fuel pump (NO MORE leaks)

VIN 1G1ZT 61BX6F [redacted]

GAS, OIL & GREASE			ACCESSORIES				
GALS. GAS						PARTS	386-
QTS. OIL						ACCESSORIES	
LBS. GREASE						GAS, OIL, & GREASE	
TOTAL GAS OIL & GREASE						MISC. MERCHANDISE	
						SUBLET REPAIRS	
☐ RETAIN PARTS							
☐ DESTROY PARTS			TOTAL ACCESSORIES			TAX	30-

LABOR ONLY: 160-

AUTHORIZED BY

TOTAL 576-

I HEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE ALONG WITH THE NECESSARY MATERIAL, AND HEREBY GRANT YOU AND/OR YOUR EMPLOYEES PERMISSION TO OPERATE THE CAR, TRUCK OR VEHICLE HEREIN DESCRIBED ON STREETS, HIGHWAYS OR ELSEWHERE FOR THE PURPOSE OF TESTING AND/OR INSPECTION. AN EXPRESS MECHANIC'S LIEN IS HEREBY ACKNOWLEDGED ON ABOVE CAR, TRUCK OR VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO.

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

TEARDOWN ESTIMATE - I UNDERSTAND THAT MY CAR WILL BE REASSEMBLED WITHIN ______ DAYS OF THE DATE SHOWN IF I CHOOSE NOT TO AUTHORIZE THE SERVICES RECOMMENDED.

1. I request an estimate in writing before you begin repairs. ______
2. Please proceed with repairs, but call me before continuing if the price will exceed $ ______
3. I do not want an estimate. ______

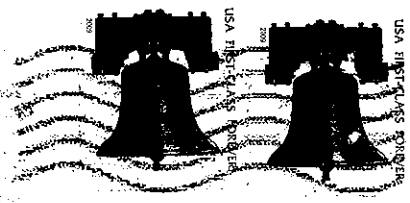
AUTO REPAIR ORDER

[redacted]

Pahrump NV.

LAS VEGAS NV 889

05 AUG 2010 PM 4 L



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