 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 30-DEC-2010 MAY 02 2011	
U.S. Department of Transportation National Highway Traffic Safety Administration		Repository <input type="checkbox"/> Reference No. 10373464	
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	
Address		E-mail Address <i>none</i>	
City CODY	State WY	Zip Code	
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 3GNFK16Z05G		Make CHEVROLET	Model SUBURBAN <i>V8 FFV 5.3 liter 4WD</i>
Model Year 2005	Date Purchased <i>Dec 2006</i>	Dealer's Name and Telephone Number <i>Karyl Tyler Chevrolet</i>	Engine: No: Cylinders <i>271 ^{off-road} package</i>
Original Owner <i>Purchased from</i>	Dealer's City <i>Missoula</i>	State <i>MT</i>	Fuel Type: <i>Unleaded</i>
Transmission Type <i>Automatic</i>	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Incident Date(s) 01-OCT-2009
	<input checked="" type="checkbox"/> Cruise Control	Multiple Failure:	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE		Failure Mileage 70000	Failure Speed 0
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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths 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).			
TL*THE CONTACT OWNS A 2005 CHEVROLET SUBURBAN. THE CONTACT STATED THAT WHEN SHE WALKED AROUND THE VEHICLE HE SMELLED GASOLINE AND COULDN'T TELL WHERE IT WAS COMING FROM, BUT NOTICED THAT THERE WAS A LEAK UNDERNEATH THE VEHICLE. THE VEHICLE WAS INSPECTED BY A DEALER WHO INFORMED THE CONTACT THAT THE ODOR CAME FROM A FRACTURE IN THE FUEL LINES. THE MECHANIC ADVISED THE CONTACT TO LEAVE HIS VEHICLE BECAUSE DRIVING THE VEHICLE WAS CAUSING THE FUEL LINES TO RUB TOGETHER. THE FUEL LINES WERE REPAIRED FROM THE FRONT AND REAR OF THE VEHICLE. THE FAILURE MILEAGE WAS APPROXIMATELY 70,000. <i>They reported this as very dangerous and unusual - Mrs. Culver could have easily died if the vehicle caught fire which was a very any minute possibility.</i>			
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 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.			

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

I felt this was very important this is reported as I could have caught fire and died - And they (the dealership) in Coon Wyo felt it was something that should not have happened & never seen.

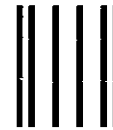
ATTACH ADDITIONAL SHEET IF NECESSARY

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

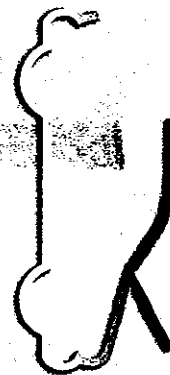
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

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



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