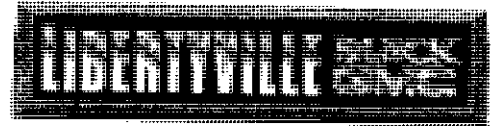
 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
	Date Received MAY - 5 2011 08-FEB-2011		Repository <input type="checkbox"/> Reference No. 10381152	
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		E-mail Address
Address		Evening Telephone Number		
City	State	Zip Code		
RIVERWOODS	IL			
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
1GKDS13S242		GMC	ENVOY	2004
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
2/2004	PATRICK GMC (NOW LIBERTYVILLE GMC)		No: Cylinders	
Original Owner	Dealer's City	State	Zip Code	
<input checked="" type="checkbox"/>	LIBERTYVILLE	IL	60048	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)
	<input type="checkbox"/> Cruise Control			05-DEC-2010
FAILED COMPONENT(S)/PART(S) INFORMATION				
Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 141000 AIR BAGS: FRONTAL			Failure Mileage	Failure Speed
			45000	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: DOTM9ABC036)	<input type="checkbox"/> Original Equipment	Failure Location:		
	<input type="checkbox"/> Prior Repair			
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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2004 GMC ENVOY SLT. THE CONTACT STATED THAT THE PASSENGER AIR BAG WARNING LIGHT ILLUMINATED WHILE THE SEAT WAS UNOCCUPIED. THE WARNING LIGHT REMAINED ILLUMINATED EVEN AFTER THE SEAT BECAME OCCUPIED AND THE FAILURE WOULD FIRST RECUR INTERMITTENTLY UNTIL THE FAILURE BECAME CONSTANT. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER FOR THE FAILURE. THE DEALER REPLACED THE SAFETY INFLATABLE RESTRAINT SENSOR AND DIAGNOSTIC MODULAR. THE FAILURE AND CURRENT MILEAGE WAS 45,000.				
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 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.				

CUSTOMER #: G9456873

563884



1120 S. Milwaukee Ave.
Libertyville, IL 60048
(847) 680-5000
www.libertyvillebpg.com

INVOICE

DEERFIELD, IL
HOME: [REDACTED] CONT:N/A
BUS: [REDACTED] CELL:

PAGE 1

SERVICE ADVISOR: 8405 THOMAS BUTTITA

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
CARBON	04	GMC ENVOY	1GKDS13S242	[REDACTED]	45749/45758	T897	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
28FEB04 DD			17:30 20JAN11		0.00	SD	24JAN11
R.O. OPENED	READY	OPTIONS: STK:J207 ENG:4.2 Liter_MFI_DOHC					
16:03 19JAN11	10:35 24JAN11						

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL
 A CUSTOMER STATES AIR BAG AND SEAT BELT LIGHTS KEEP COMING ON. PLS CHK AND ADVISE

C8817 TECH REPLACED SAFETY INFLATABLE RESTRAINT SENSING AND DIAGNOSTIC MODULE--DTC U0170--TECH CLEARED CODE, TESTED AND TEST DROVE--OK
 401 CHT
 1 12233969 MODULE 419.85 419.85
 45749 CK CODES U0170 CK SYSTEM R&R / CENTER CONSOLE REPLACED SDM 428.04 428.04

B GM GOODWRENCH MULTI-POINT VEHICLE INSPECTION
 27P GM GOODWRENCH MULTI-POINT VEHICLE INSPECTION
 401 INT (N/C)
 WS ALL BRAKES AND TIRES WITHIN SPECIFICATIONS AT THIS TIME
 401 INT (N/C)
 45749 27 POINT INSP (N/C)

C 847-456-6612
 PHONE CONTACT FOR CUSTOMER
 400 INT (N/C)

D** CUSTOMER REQUESTS OLD PARTS
 IO OLD PART IN VEHICLE AS REQUESTED BY CUSTOMER
 401 INT (N/C)

CUSTOMER PAY ENVIRONMENT FEES FOR REPAIR ORDER
 GM CASE NUMBER AS PROVIDED BY CUSTOMER- #71-906151251 8.00

JAN 24 2011
 [Signature]



GMC

Mr. Goodwrench

THANK YOU!

STATEMENT OF DISCLAIMER
 The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

DESCRIPTION	30.52
TOTALS	
LABOR AMOUNT	419.85
PARTS AMOUNT	428.04
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	8.00
TOTAL CHARGES	855.89
LESS INSURANCE	84.79
SALES TAX	30.52
PLEASE PAY THIS AMOUNT	801.62