



U.S. Department of Transportation
National Highway Traffic Safety Administration

INFORMATION ACT (FOIA) 5 U.S.C. 552(B)(6)

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 SEP 17 2013 16-JUL-2013	Repository <input type="checkbox"/>
	Reference No. 10525169

OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		
Address	[REDACTED]		
City	State	IN	Zip Code
RICHMOND			[REDACTED]
Daytime Telephone Number		E-mail Address	
[REDACTED]		[REDACTED]	
Evening Telephone Number			

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 3G5DB03E639 [REDACTED]	Make BUICK	Model RENDEZVOUS	Model Year 2003
Date Purchased 2009	Dealer's Name and Telephone Number STUDEBAKER 888-398-9092		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City RICHMOND	State IN	Zip Code 47374
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input checked="" type="checkbox"/> Cruise Control		Incident Date(s) 15-NOV-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)	Failure Mileage 80000	Failure Speed 20
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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 0	Number of Deaths 0	Reported to Police N
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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 2003 BUICK RENDEZVOUS. THE CONTACT STATED THAT WHILE DRIVING 20 MPH, SHE SMELLED GASOLINE INSIDE THE VEHICLE. THE VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION WHERE THEY STATED THAT THE FUEL TANK NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 80,000.

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.

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

while vehicle parked smelled gasoline around vehicle. Once inside rendezvous noticed gasoline smell inside. Took vehicle to dealership where purchased. They stated could not repair because recall bulletin was no good. The time had run out. Never received notice about gas tank recall. Took to another repair company. They repaired/replaced gas tank in one day. I was charged for the repair of over \$500.00. The manufacturer was notified about problem and who did and did not help with repair.

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**



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



PAID
check #

BEST STOP AUTO CARE

2 SALISBURY RD

RICHMOND INDIANA 47374 USA

Phone: 765-935-3849

Email:

Rates:

Labor Rate: \$65

Diagnostic Rate: \$65

Bill To:

Phone:

Email:

Estimate Info:

Vehicle: 2003 Buick Rendezvous

Name: FINAL BILL

Estimate Number: 1764

Date: 5/21/2013 3:09:06 PM

Notes:

MILEAGE....126124

Labor & Additional Items:

Labor

ItemNo	Labor Operations	Service	Time	Qty	Rate	Price	Tax	Subtotal
2	Custom	REPLACED GAS TANK AND TRANSFERED SENDING UNIT AND ALL FUEL LINES	4.0	1	\$65.00	\$260.00	\$0.00	\$260.00

Additional Items

ItemNo	Parts	Part	Qty	Price	Tax	Subtotal
35	Part	USED GAS TANK	1	\$275.00	\$19.25	\$294.25
4	Part	enviro disposal 5	1	\$5.00	\$0.00	\$5.00

Totals

Total Labor: \$260.00
Total Parts: \$299.25
Grand Total: \$559.25

ENVIROMENTAL CHARGE OF 10% OF LABOR CHARGEUP TO 5.00 DOLLARS MAX WILL BE APPLIED. 90 DAYS OR 4000 MILE LABOR WARRANTY.....PARTS WARRANTYIS UP TO MANUFACTURER OF PARTS INSTALLED.....THANK YOU FOR YOUR BUSINESS !