

 U.S. Department of Transportation National Highway Traffic Safety Administration		INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) 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 07-AUG-2014 Repository <input type="checkbox"/> Reference No. 10620679	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	E-mail Address
AKRON		OH		Zip Code	NOEMAIL@UNK.GOV
City		State		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		Make	Model	Model Year	
3G5DB03EX3S		BUICK	RENDEZVOUS	2003	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
9/30/12	Central City Motor Cars (330) 877-2275		No: Cylinders		
Original Owner	Dealer's City	State	Zip Code		
<input type="checkbox"/>	Hartsville	OH	44632		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)	
Automatic	<input checked="" type="checkbox"/> Cruise Control			20-MAR-2013	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)			Failure Mileage	Failure Speed	
			72000	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	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	0	0	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 2003 BUICK RENDEZVOUS. THE CONTACT STATED THAT WHEN THE VEHICLE WAS REFUELED, THERE WAS A FUEL ODOR AND THE CHECK ENGINE WARNING LIGHT ILLUMINATED. ON ANOTHER OCCASION, THE VEHICLE WAS PARKED INTO A GARAGE AND THE FUEL ODOR WAS EMITTING FROM THE VEHICLE AND ENTERING THE CONTACTS HOME. THE VEHICLE WAS THEN PARKED ON THE SIDE OF THE ROAD AND THERE WAS FUEL LEAKING FROM THE FUEL TANK. THE FAILURE OCCURRED ON NUMEROUS OCCASIONS. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 72,000.					
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 to 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)

Can not completely fill gas tank. When I do put gas in the vehicle fumes emit into cabin so bad the windows have to be rolled down. Had vehicle diagnosed it was thought to be the gas cap. Had it replaced. Problem has gotten much worse since.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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

CLEVELAND OH 44111

25 SEP 2014 PM 6:11

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BUSINESS REPLY MAIL

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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**



safercar.gov

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