

 U.S. Department of Transportation National Highway Traffic Safety Administration		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: 08-JAN-2015 Repository: <input type="checkbox"/> Reference No.: 10670968	
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
LAVON	TX				
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	
1GNDU03E03D		CHEVROLET	VENTURE	2003	
Date Purchased	Dealer's Name and Telephone Number		Engine	Fuel Type	
9-27-13	Auto Fleet Remarketing, Inc 972-363-3838		3400SFI	gasoline	
Original Owner	Dealer's City	State	No. of Cylinders		
<input type="checkbox"/>	MSKinney	TX	6		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:		Incident Date(s)
automatic	<input checked="" type="checkbox"/> Cruise Control				01-FEB-2014
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)			Failure Mileage	Failure Speed	
				Starting around this time	
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 <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	
		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 CHEVROLET VENTURE. WHILE INSPECTING THE VEHICLE, THE CONTACT NOTICED A FUEL LEAK FROM THE INLET TUBE TO THE FUEL TANK. IN ADDITION, THE CONTACT NOTICED FUEL VAPORS EMITTING FROM THE UNDERNEATH THE FRONT DRIVER SIDE OF THE VEHICLE AND THE CHECK ENGINE WARNING LIGHT ILLUMINATED. THE VEHICLE WAS TAKEN TO THE DEALER. THE TECHNICIAN DIAGNOSED THAT THE FUEL TANK NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE CONTACT WAS AWARE OF NHTSA CAMPAIGN NUMBER: 07V349000 (FUEL SYSTEM, GASOLINE). THE FAILURE MILEAGE WAS UNKNOWN.					
On January 13, 2015 we did have fuel tank replaced, because we were advised it was a fire hazzard. Receipt att ached. The incident recorded above took place in January, 2015 but we kept smelling gasoline occasionally for many months previous thinking a gasoline smell in our garage,					
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.					

tionally
time
but
were
not
aware
of
where
in our
garage
it was
coming
from.

not
knowing
what it
was.

We were not aware of NHTSA campaign number 07V349000 until January 2015 when we started contacting you. We hope to receive special consideration because of vehicle's unusually low mileage

Lakeside Chevrolet Company Ltd

Lakeside Chevrolet Company, LTD.

01/13/2015 10:17 AM CST

2005 S GOLIAD ST
ROCKWALL, TX, 75087
972-771-5311 (Office)
972-771-9851 (Fax)
lakesidechevrolet.com
frances.long2b@gmail.com

BILLED TO



DETAILS

DETAILS
TYPE
APPROVAL
TRANS ID
TERMINAL
INVOICE

Approved - Charge

Capture

15391

140219

ACCOUNT

AMOUNT

TOTAL

VISA

\$958.46

\$958.46

signature

01/13/15 89.15.252.242

Cardmember acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

SERVICE INVOICE

LAKESIDE CHEVROLET CO.
 I-30 at SH 205 P.O. Box 999
 ROCKWALL, TEXAS 75087
 Phone 972/771-5311
 www.Lakesidechevrolet.com

CUSTOMER NAME AND ADDRESS
 [REDACTED]
 LAVON, TX [REDACTED]
 EML: [REDACTED]

JOB #	MILRAGE IN	MILRAGE OUT	CUST #	HOME TELEPHONE	PHONE WHEN READY	DELIVERY DATE	ADVISOR	R.O. NUMBER
[REDACTED]	35242	35245	CASH	[REDACTED]	[REDACTED]	01/05/2003	TAMRA STATEN	[REDACTED]

VEHICLE IDENTIFICATION	STOCK NO.	YR.	MAKE & MODEL	LICENSE NO.	CROSS REF R.O. #	R.O. DATE	PAGE
1GNDU03E03D [REDACTED]	[REDACTED]	2003	CHEV VENTURE	[REDACTED]	[REDACTED]	01/05/2015	1

SALESMAN	POLICY	DEDUCTIBLE	ORIG INV DATE/TIME	P.O. #
[REDACTED]	[REDACTED]	[REDACTED]	01/13/15 1015	[REDACTED]

LINE	TECH	TYPE	DESCRIPTION	QTY	NET AMOUNT
1	01		C/S HAS FUEL ODOR FOUND FUEL TANK LEKAING AT NECK REPLACED FUEL TANK		-----CUSTOMER----
		SK:01 MC	OPER/CODE:LABOR		270.00 *
			10345684 TANK	653.97	588.57
			22681652 SEAL	28.52	28.52

 * In addition to the charges for parts, labor, tax, etc... *
 * You may also see a "shop charges" that is to help defray *
 * the cost of certain materials that can't be itemized, but *
 * are used during the repair & service of your vehicle. *
 * Items include, but not limited to, shop rags/nuts/bolts/ *
 * screws/lubricants, special tools, etc. *

 * IF NOT COMPLETLY SATISFIED PLEASE CONTACT FRANK PECORA FOR *
 * SERVICE DEPT OR KURT WALKER FOR BODY SHOP 972-771-5311 *

CRD: #VMC 958.46

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE, OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

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.

LABOR AMOUNT	270.00
PARTS AMOUNT	617.09
OTHER TAXABLE	
OTH NON TAXABLE	
SHOP CHARGES	18.90
SALES TAX	52.47
DEDUCTIBLE	

Customer Copy

Signature of Person Responsible
 or Agent for Person Responsible

X

TOTAL: 958.46



Lakeside Chevrolet
 2005 S. Goliad
 Rockwall, TX 75087
<http://www.lakesidechevrolet.com>

Certified Service
MULTI-POINT VEHICLE INSPECTION

Phone: [REDACTED] Email: sd@lakesidechevrolet.com

Customer Name [REDACTED] VIN: 1GNDU03E03D [REDACTED] Date: 01/05/2015

Repair Order # [REDACTED] Mileage: 35242 Tag #: _____ License #: _____

Checked and OK May Require Attention Soon Requires Immediate Attention

	<input type="checkbox"/> <input checked="" type="checkbox"/> OnStar active <input type="checkbox"/> <input checked="" type="checkbox"/> Enrolled in OVD <input type="checkbox"/> <input checked="" type="checkbox"/> Enrolled in DMN	<input checked="" type="checkbox"/> Service History Check <input checked="" type="checkbox"/> <input type="checkbox"/> Remaining engine oil life: _____ % Reset: <input type="checkbox"/> NA: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Exterior Lights (Headlamps, Tail Lamps, Turn Signals, etc.)	
	<input checked="" type="checkbox"/> 8/32 or Greater <input type="checkbox"/> 7/32 to 4/32 <input checked="" type="checkbox"/> 3/32 or Less		
	LF <input checked="" type="checkbox"/> 8/32 or greater PSI@: _____ set to: _____ PSI <input type="checkbox"/> Wear Pattern/Damage LR <input checked="" type="checkbox"/> 8/32 or greater PSI@: _____ set to: _____ PSI <input type="checkbox"/> Wear Pattern/Damage	RF <input checked="" type="checkbox"/> 8/32 or greater PSI@: _____ set to: _____ PSI <input type="checkbox"/> Wear Pattern/Damage RR <input checked="" type="checkbox"/> 8/32 or greater PSI@: _____ set to: _____ PSI <input type="checkbox"/> Wear Pattern/Damage	<input checked="" type="checkbox"/> <input type="checkbox"/> Battery condition <input checked="" type="checkbox"/> <input type="checkbox"/> Battery cables and connections
<input checked="" type="checkbox"/> <input type="checkbox"/> Rear (if applicable) <input checked="" type="checkbox"/> <input type="checkbox"/> Windshield condition <input type="checkbox"/> Cracks <input type="checkbox"/> Chips	<input type="checkbox"/> Rotation needed <input type="checkbox"/> Alignment needed <input type="checkbox"/> Balance needed		

<input type="checkbox"/> OK <input type="checkbox"/> FILLED <input type="checkbox"/> REQUIRES ATTENTION	Front <input checked="" type="checkbox"/> 7 mm or Greater <input type="checkbox"/> 6 mm to 4 mm <input checked="" type="checkbox"/> 3 mm or Less
<input checked="" type="checkbox"/> <input type="checkbox"/> Engine oil <input checked="" type="checkbox"/> <input type="checkbox"/> Brake fluid reservoir <input checked="" type="checkbox"/> <input type="checkbox"/> Transmission (if equipped w/dipstick) <input checked="" type="checkbox"/> <input type="checkbox"/> Coolant recovery reservoir <input checked="" type="checkbox"/> <input type="checkbox"/> Power steering <input checked="" type="checkbox"/> <input type="checkbox"/> Windshield washer	
	Rear <input checked="" type="checkbox"/> 4 mm or Greater <input type="checkbox"/> 3 mm <input checked="" type="checkbox"/> 2 mm or Less Lowest Front Lining: _____ Lowest Rear Lining: _____ <input checked="" type="checkbox"/> <input type="checkbox"/> Brake system (also including lines, hoses and parking brake)

Inspect for visible leaks and visual condition:

<input checked="" type="checkbox"/> <input type="checkbox"/> Fuel system (also including gas cap seating)	<input checked="" type="checkbox"/> <input type="checkbox"/> Steering components and steering linkage
<input checked="" type="checkbox"/> <input type="checkbox"/> Engine, transmission, drive axle, transfer case	<input checked="" type="checkbox"/> <input type="checkbox"/> CV drive axle boots or driveshafts and U-joints
<input checked="" type="checkbox"/> <input type="checkbox"/> Engine cooling system	<input checked="" type="checkbox"/> <input type="checkbox"/> Exhaust system components
<input checked="" type="checkbox"/> <input type="checkbox"/> Shocks and struts – also check operation	<input type="checkbox"/> <input type="checkbox"/> Body components lubrication
<input checked="" type="checkbox"/> <input type="checkbox"/> Belts: engine, accessory, serpentine, and/or V-drive	<input checked="" type="checkbox"/> <input type="checkbox"/> Restraint system component check
<input checked="" type="checkbox"/> <input type="checkbox"/> Hoses: engine, power steering and HVAC	<input type="checkbox"/> <input type="checkbox"/> Chassis components lubrication
<input type="checkbox"/> <input type="checkbox"/> Engine air filter	<input checked="" type="checkbox"/> <input type="checkbox"/> Drive axle (leak/other)
<input type="checkbox"/> <input type="checkbox"/> Passenger compartment air filter	<input checked="" type="checkbox"/> <input type="checkbox"/> Evaporative control system

Your Service Consultant: Tamra Staten Your Service Technician: gary pemberton