


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

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

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>	
<p>OWNER INFORMATION (Type or Print)</p>		<p>Date Received</p> <p>22-JUN-2015</p>	<p>Repository <input type="checkbox"/></p>	<p>Reference No.</p> <p>10726606</p>	
<p>Name</p> <p>Address</p> <p>City SHORDWOOD State WI Zip Code</p>		<p>Daytime Telephone Number</p> <p>Evening Telephone Number</p>	<p>E-mail Address</p>		
<p>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).</p>					
<p>VEHICLE INFORMATION</p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side</p> <p>1GBFG15R4Y</p>		<p>Make</p> <p>CHEVROLET</p>	<p>Model</p> <p>G VAN</p>	<p>Model Year</p> <p>2000</p>	
<p>Date Purchased</p> <p>1-30-15</p>	<p>Dealer's Name and Telephone Number</p> <p>PRIVATE</p>		<p>Engine:</p> <p>No: Cylinders</p> <p>V.8</p>	<p>Fuel Type:</p> <p>GAS</p>	
<p>Original Owner</p> <p><input type="checkbox"/></p>	<p>Dealer's City</p>	<p>State</p>	<p>Zip Code</p>		
<p>Transmission Type</p> <p>AUTO</p>	<p><input checked="" type="checkbox"/> Antilock Brakes</p> <p><input checked="" type="checkbox"/> Cruise Control</p>	<p>Powertrain</p> <p>V.8 AUTO 2WD</p>	<p>Multiple Failure:</p>	<p>Incident Date(s)</p> <p>01-MAR-2015</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)</p>			<p>Failure Mileage</p> <p>106000</p>	<p>Failure Speed</p> <p>ANY TIMES</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make</p>		<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>	
<p>DOT No. (Example: DOTMAL9ABC036)</p>		<p><input type="checkbox"/> Original Equipment</p> <p><input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>		
<p>Tire Component Code</p>			<p>Tire Failure Type:</p>		
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make:</p>		<p>Date Manufactured:</p>		<p>Model No./Name:</p>	
<p>Seat Type:</p>		<p>Installation System:</p>			
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>			
<p>APPLICABLE INCIDENT INFORMATION</p> <p>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</p>					
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>0</p>	<p>Number of Deaths</p> <p>0</p>	<p>Reported to Police</p> <p>N</p>	
<p>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).</p>					
<p>TL* THE CONTACT OWNS A 2000 CHEVROLET G VAN. THE CONTACT STATED THAT THE FUEL GAUGE DID NOT DISPLAY THE ACCURATE AMOUNT OF FUEL. THE FAILURE RECCURED CONSTANTLY. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHERE IT WAS DIAGNOSED THAT THE FUEL SENDING UNIT NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 106,000.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>			<p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>		
<p>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.</p>					

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

THE CAR CAN RUN OUT OF GAS WITHOUT WARNING

ATTACH ADDITIONAL SHEETS IF NECESSARY

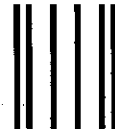
U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

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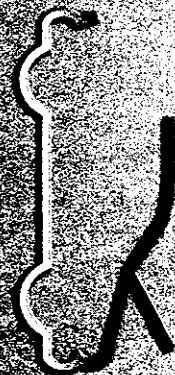
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**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



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

888.627.4286

U.S. Department of Transportation