

 U.S. Department of Transportation National Highway Traffic Safety Administration	INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6) <b>Vehicle Owner's Questionnaire</b> 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: 29-JUL-2015 Repository: <input type="checkbox"/> Reference No.: 10744743

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

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 1GAHG35K991 [REDACTED]		Make CHEVROLET	Model Year 2009
Date Purchased 7.2.2011	Dealer's Name and Telephone Number CROWN Toyota	Engine: No. Cylinder V8	Fuel Type: GAS
Original Owner <input type="checkbox"/>	Dealer's City Lawrence	State KS	Zip Code 66046
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 10-JUL-2015

FAILED COMPONENT(S)/PART(S) INFORMATION		
Vehicle Component Code: 980000 UNKNOWN OR OTHER	Failure Mileage 59747	Failure Speed 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 <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				
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury (ies).)</i>				
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

**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).

I TOOK THE VAN IN TO A DEALER TO FIND OUT WHY THE SERVICE AIR BAG LIGHT IS ON. AFTER PAYING \$60.00 FOR A DIAGNOSTICS CHECK, (WHICH I STILL DON'T LIKE) THEY TOLD ME THE ROLLOVER SENSOR NEEDS TO BE REPLACED AT A CRIMINAL \$700.00 WHICH I WILL NOT PAY. SOUNDS LIKE A GM ISSUE TO ME SO I CALLED THE HOT LINE AND A WEEK LATER THEY SAID THEY WOULD PAY \$200.00 OUT OF THE \$700.00 BECAUSE I WAS A GOOD GM BUYER. WRONG ANSWER. SO I FILLED OUT THE BBB COMPLAINT FORMS, WROTE AN ARTICLE ON CARCOMPLAINTS.COM, FILLING OUT THIS FORM, DROPPING OF THE PAPER WORK TO MY ATTORNEYS OFFICE TOMORROW, THEN HEADED TO THE FORD DEALERSHIP.

*I also had a torque Converter go out last week fixed  
 Also under inflation light w/wrong Air Pressure readings*

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.

*Sending a bill to GM for \$2600.00*

\*INVOICE\*

THE HEARTBEAT OF AMERICA  
ED BOZARTH CHEVROLET

TOPEKA, KANSAS 66601 AURORA, COLORADO 80014  
3731 S. TOPEKA BLVD. 2001 So. HAVANA  
(785) 266-5151 (303) 751-7500

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LAWRENCE, KS  
HOME: [REDACTED]  
BUS: [REDACTED] CONT: N/A  
CELL: [REDACTED]

SERVICE ADVISOR: 654 DAVID KILL

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
	09	CHEVROLET EXPRESS	1GAHG35K991		59747/59747	T5184
DEL DATE	PROD. DATE	WARR EXP	PROMISED	PO NO.	RATE	PAYMENT
14MAY09 DD			WAIT 17JUL15		0.00	CASH
R.Q. OPENED	READY	OPTIONS:	DLR:	ENG: 6.0 Liter		INV. DATE
	09:44	17JUL15				17JUL15

DESCRIPTION	LIST	NET	TOTAL
DC DECLINED SERVICE	739	0.00	
59747 CUST DECLINED ROLLOVER SENSOR AT THIS TIME			(N/C)
*****			
SYSTEMS DIAGNOSTIC CHARGE \$49.00 UP TO \$98.00			
SDT SYSTEMS DIAGNOSTIC CHARGE \$49.00 UP TO \$98.00			
73911 CTA 0.50			
59747 .5 73911 DIAG FOLLOWED CHART FOR CODES B0090 AND U0172 AND		49.00	49.00
FOUND THAT ROLLOVER SENSOR IS NOT WITHIN SPEC. RECOMMEND REPLACEMENT OF			
ROLLOVER SENSOR AS START TO REPAIRS			
*****			
CUSTOMER PAY SHOP MATERIAL CHARGES FOR REPAIR ORDER			3.68
*** VISIT OUR WEBSITE - WWW.EDBOZARTH.COM ***			



Wade

1-866-790-5600  
#5911107

P Ed Bozarth P  
A JUL 17 2015 A  
D Per D

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. THERE WILL BE A \$10 FEE CHARGED ON ALL RETURNED CHECKS.

DESCRIPTION	TOTALS
LABOR AMOUNT	49.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	3.68
TOTAL CHARGES	52.68
LESS ADJUSTMENT	0.00
SALES TAX	4.82
PLEASE PAY THIS AMOUNT	57.50

Verbal \$700.00 FIX CUSTOMER COPY