



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

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
21-DEC-2016
MAY - 2 2017

Repository
Reference No.
10936661

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City BERKELEY HEIGHTS State NJ Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number [REDACTED]

E-mail Address

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. Your information will not be disclosed to the general public. See 49 FR 53971 (Sep. 3, 2004).

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GKBT16S046 [REDACTED]		Make GMC	Model ENVOY	Model Year 2004
Date Purchased ~8/2004	Dealer's Name and Telephone Number GREEN BROOK GMC		Engine: No: Cylinders 6	Fuel Type: UNLEADED PLUS
Original Owner <input type="checkbox"/>	Dealer's City GREEN BROOK	State NJ	Zip Code 08812	
Transmission Type AUTO	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 07-DEC-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)	Failure Mileage 109000	Failure Speed
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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	Number of Deaths	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 2004 GMC ENVOY. WHILE THE VEHICLE WAS PARKED, AN ABNORMAL FUEL ODOR WAS PRESENT ON THE INSIDE AND OUTSIDE OF THE VEHICLE. THE CONTACT STATED THAT THERE WAS EVIDENCE OF A FUEL LEAK COMING FROM THE FUEL FILLER NECK. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED. THE APPROXIMATE FAILURE MILEAGE WAS 109,000. THE VIN WAS NOT AVAILABLE.

MULTIPLE PARTS REDACTED, FUEL PUMP MODULE, FUEL PIPE, & TANK
NO CHANGE FOR TANK AS WAS UNDER RECALL/WARRANTY.
SEE WORK INVOICE.

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.

CUSTOMER #:

INVOICE



BUICK • GMC • MITSUBISHI

BERKELEY HTS, NJ

PAGE 1

101 US Hwy 22 PO.Box 300 Green Brook, NJ 08812-0300 (732) 752-3000 www.greenbrookauto.com

HOME: [REDACTED] CONT: [REDACTED] SERVICE ADVISOR: 7005 HENRIQUE CALADO
BUS: [REDACTED] CELL: [REDACTED]

Table with columns: COLOR, YEAR, MAKE/MODEL, VIN, LICENSE, MILEAGE IN / OUT, TAG. Row 1: 04, GMC ENVOY XL, 1GKET16S046, [REDACTED], 109345/109347, T258

Table with columns: DEL. DATE, PROD. DATE, WARR. EXP., PROMISED, PO NO., RATE, PAYMENT, INV. DATE. Row 1: 29JAN04 DL, 17:45, 22DEC16, 136.00, CASH, 27DEC16

Table with columns: R.O. OPENED, READY, OPTIONS, LIST, NET, TOTAL. Row 1: 07:39 22DEC16, 12:53 27DEC16, ENG:4.2 LITER MFI DOHC

A CUSTOMER STATES THAT THERE IS A FUEL SMELL AROUND VEHICLE - FILLER NECK LEAKING CAN SEE FUEL STAIN AROUND PIPE
CAUSE: DIAG AND FOUND FUEL TANK LEAKING AROUND FUEL PUMP
9900145 INSPECT AND REPLACE FUEL TANK
PARTS: 1 15229310 TANK 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

REMOVED AND REPLACED FUEL TANK
SPECIAL COVERAGE 14423
B PERFORM COMPLIMENTARY 27 POINT INSPECTION. SERVICE ADVISOR WILL SUPPLY CUSTOMER A DETAILED LIST OF THE CONDITION OF THE VEHICLE.
27P FUEL PUMP MODULE LEAKING / FUEL PIPE ALSO LEAKING
PARTS: 906.63 LABOR: 204.00 OTHER: 0.00 TOTAL LINE B: 1110.63

C CUSTOMER AUTHORIZED DIAGNOSTIC CHARGES OF \$136.00 + TAX
DIAG CUSTOMER AUTHORIZED DIAGNOSTIC CHARGES OF \$136.00 + TAX
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00

D GREEN BROOK BUICK GMC HIGH MILEAGE / OLD AGE DISCLAIMER. I acknowledge that my vehicle could develop additional needs as a result of servicing, due to its age or mileage, should such additional needs arise i hold GREEN BROOK BUICK harmless

EXCLUSION OF WARRANTIES

All warranties on this product are the manufacturer's. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the product. This Disclaimer in no way affects the terms of the manufacturer's warranty.

We have added a charge equal to 5% of the total cost of labor and parts, not to exceed \$35 to the repair order for shop supplies used in connection with this repair.

All parts installed are new unless otherwise indicated.

Table with columns: DESCRIPTION, TOTALS. Rows include: LABOR AMOUNT, PARTS AMOUNT, GAS, OIL, LUBE, SUBLET AMOUNT, MISC. CHARGES, TOTAL CHARGES, LESS INSURANCE, SALES TAX, PLEASE PAY THIS AMOUNT

Thank you for choosing Green Brook!

CUSTOMER'S COPY