



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

2006 OCT -1 AM 8:40
31-OCT-2006

Repository ☐

Reference No.
10172286

OWNER INFORMATION (Type or Print)

Name

Address

City

HIALEAH

State FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

9G5DA03E72S

Make

BUICK

Model

RENDEZVOUS

Model Year

2002

Date Purchased
29-OCT-06

Dealer's Name and Telephone Number
AFFORDABLE MOTORS INC 3052222211

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

☐

Dealer's City

MIAMI

State

FL

Zip Code

33126

Transmission Type

AUTOMATIC

☐ Antilock Brakes

☐ Cruise Control

Powertrain

UNKNOWN

Vehicle Component Code

117000 DIGITAL INSTRUMENT PANEL

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

29-OCT-2006

Failure Mileage

90580

Failure Speed

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)

☐ Original Equipment

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

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).

DT*: THE CONTACT STATED UPON PURCHASING THE VEHICLE, THE INSTRUMENT PANEL GAUGES WERE INOPERABLE. ALSO, THE FRONT DRIVER SIDE WINDOW WOULD NOT OPERATE UP OR DOWN, AND THE EXTERIOR BRAKE LIGHT LOCATED ABOVE THE REAR WINDOW DID NOT ILLUMINATE. THE SERVICE DEALER OR MANUFACTURER WERE NOT CONTACTED. THE VEHICLE WAS NOT REPAIRED.

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)

In addition to the previous narrative description of incident, the vehicle's brakes are defective, once you drive it for a while it begins to make noise. We did contact the service dealer once we noticed the prior problems but the service dealer does not take any responsibility for the vehicle. They are very irresponsible and unprofessional.

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590

OFFICIAL BUSINESS

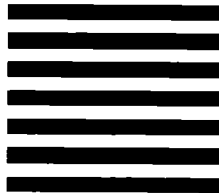


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE



US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



SOUTH FLORIDA PDC

FL 330 4 T
NOV 2006 PM



If so:

Use the enclosed
form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline
888-327-4236

www.nhtsa.gov
NHTSA

Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

**Think your vehicle
has a safety defect?**



STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORS VEHICLES
Neil Kirkman Building - Tallahassee, FL 32399-0620

NOTIFICATION OF TRANSFER OF REGISTRATION LICENSE PLATE

In compliance with section 320.0609(2), Florida statutes, I hereby certify that the following motor vehicle has been sold, traded, transferred or otherwise disposed of:

Year 1998 Make Buick Type park Weight of length _____
Identification Number 1G4CW52K2W4 Color GREEN

As the registered owner of Florida license plate No. 045 DXI decal No. 09714057
Which expires on 06/16/07 I authorize the following dealer:

Affordable Motors
Dealer
1001 NW. 42 ave. MIAMI FL 33126
Dealer address

To properly transfer my license plate to the replacement vehicle described below.

Identification Number 3G5DA03E725 Color blue

Print Owner(s) Name

Owner Address

DEALER'S CERTIFICATE

As a motor vehicle dealer licensed in Florida, I hereby certify that the above notification of transfer of registration license plate correctly describes the transaction involving the transfer of motor vehicle and this license plate No. _____ this license plate has

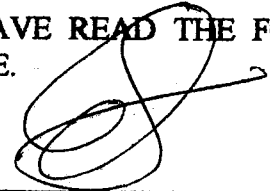
Been removed from the original vehicle and assigned and assigned and attached to the replacement vehicle in compliance with section 320.0609(2), Florida Statutes. I also certify that on behalf of my customer I will process the necessary documents through a local county license plate agency to obtain the transfer registration certificate, which will be delivered to my customer within 30 days as stated in section 320.0605, Florida Statutes.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Dealer

Affordable Motors

Authorized Agent



107911

*"Making Highways Safe"*Florida Department of
HIGHWAYS
& Motor Vehicles

HSMV Home

Highway Patrol

Driver Licenses

Motor Vehicle

Driver License Check

As of Oct 30, 2006, at 11:46 AM, driver license number **L120-426-████████** is currently **CANCELED, SUSPENDED, REVOKED, or DISQUALIFIED**. This is a result of the following infractions shown on your driving record. Please note that this is not an official driving record. For information on how to obtain an official driving record, [click here](#). All information provided is based on what we have received from courts and law enforcement agencies. **Review all items and requirements listed below before paying reinstatement fees.** This license is a Class E. Restrictions are A. Endorsements are (NONE ON RECORD). Motorcycle endorsements are (NONE ON RECORD).

Your personal information in Florida motor vehicle and driver records is blocked in accordance with the Driver Privacy Protection Act.

Your Social Security Number has been verified. Thank You.

Suspensions, Revocations, Cancellations, Disqualifications

Description	Effective Date	Type	County/State
DRIVE W/UNLAW BAL(.08% OR ABOVE)	12/07/2005	Suspension	DADE

[Click Here](#) for information to resolve these and other actions.



ABOUT SSL CERTIFICATES

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THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).