



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 436

Date Received

10-JUN-2002

Ord. or _____
rt_dt _____
pd_rt _____
rp_tr _____

Reference No.

8011444

OWNER INFORMATION (Type or Print)

DEON L. WALKER 758284
PO BOX 2132
LILBURN GA 30084

Work Number 770-291-3261


Home Number

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

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

| Vehicle Ident. No. (VIN) | Vehicle Make | Vehicle Model | Vehicle Year | Current Operator's Reside |
|--------------------------|--------------|---------------|--------------|---------------------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

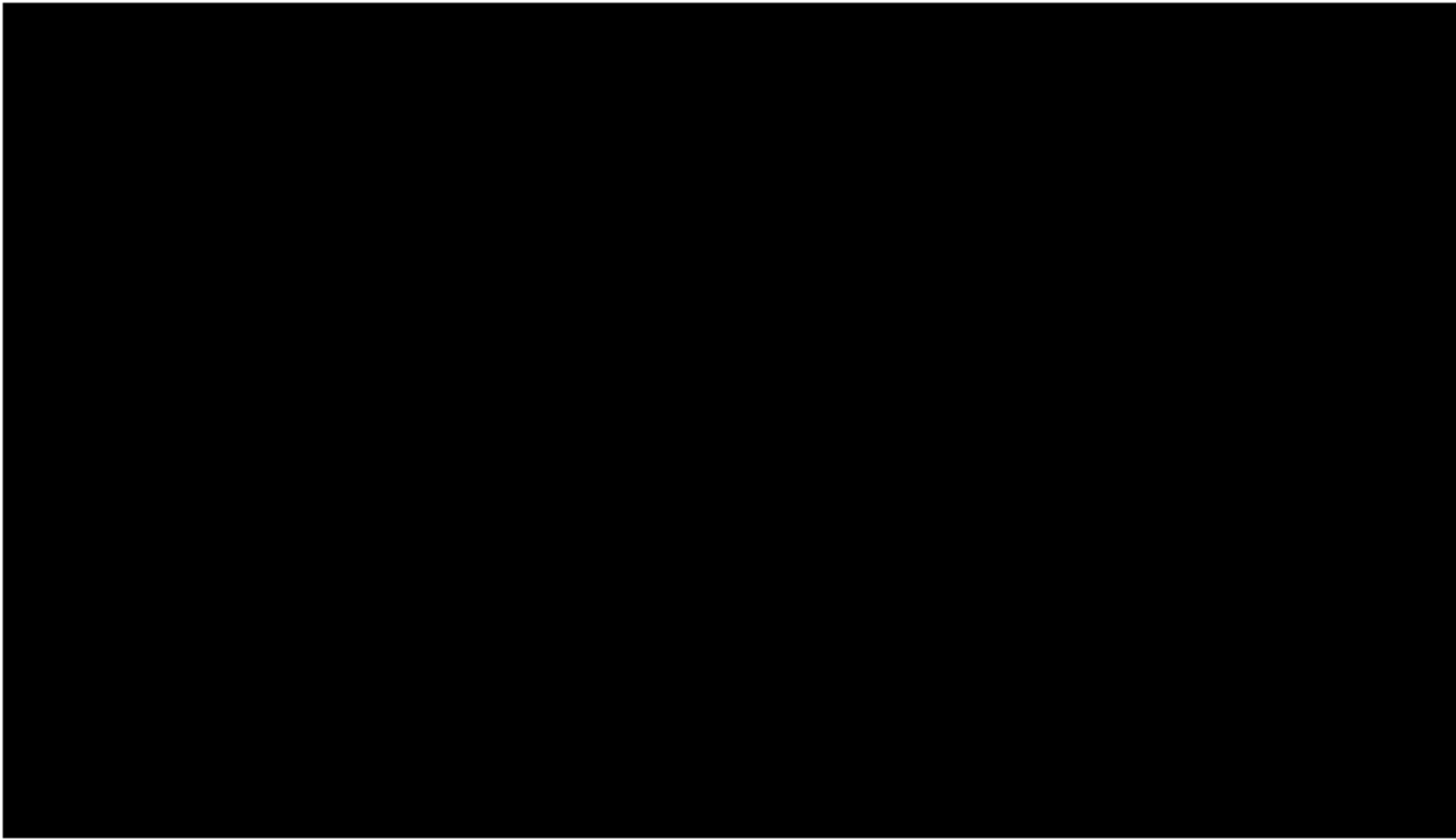
|  DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration | | Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline | | FOR AGENCY USE ONLY 436 Date Received: <u>10 JUN 2002</u> Reference No.: <u>8011444</u> Work Number: _____ Home Number: _____ | |
|---|--|--|--|---|--|
| OWNER INFORMATION (Type or Print) [Redacted] 758284 LILBURN GA [Redacted] | | | | Do you authorize NHTSA to use this information in the manufacture of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of a signature, this information is provided to the vehicle manufacturer. Signature of Owner: [Redacted] Date: <u>6/12/02</u> | |
| VEHICLE INFORMATION | | | | | |
| Vehicle ident. No. (VIN.) (located at bottom of windshield on driver's side) NOT AVAILABLE | | Vehicle Make NISSAN | Vehicle Model ALTIMA | Vehicle Year 2002 | Current Odometer Reading _____ |
| Purchase Date <u>10-28-00</u> | | Dealer's Name <u>Peachtree Nissan</u> City <u>Chamblee</u> State <u>GA</u> Zip Code _____ | | Engine Sz (CID/CC/L) <u>4</u> No Cylinders _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel |
| <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | Vehicle Type | Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck | Failed Part(s) | <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | | | |
| Component 12130000 | Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS | | Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | Failed Part(s) | <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures | Date(s) of Failure(s) <u>27-MAY-2002</u> Mileage at Failure(s) <u>6200</u> Vehicle Speed at Failure(s) _____ | | Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| APPLICATION INCIDENT INFORMATION | | | | | |
| (Please describe in detail the incident(s), Failure(s), Crash(es) and Injury(ies) on the back of this form) | | | | | |
| 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 Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) | | | | | |
| DRIVER'S SEAT BELT WILL NOT RETRACT. PROBLEM HAS EXISTED SINCE VEHICLE WAS PURCHASED IN SEPTEMBER. SEAT BELT GIVES NO SUPPORT WHEN WORN, WHEN SUDDEN BRAKING TENSION ON BELTS FAILS. DEALER WAS CONTACTED. PLEASE PROVIDE MORE INFORMATION.*AK | | | | | |

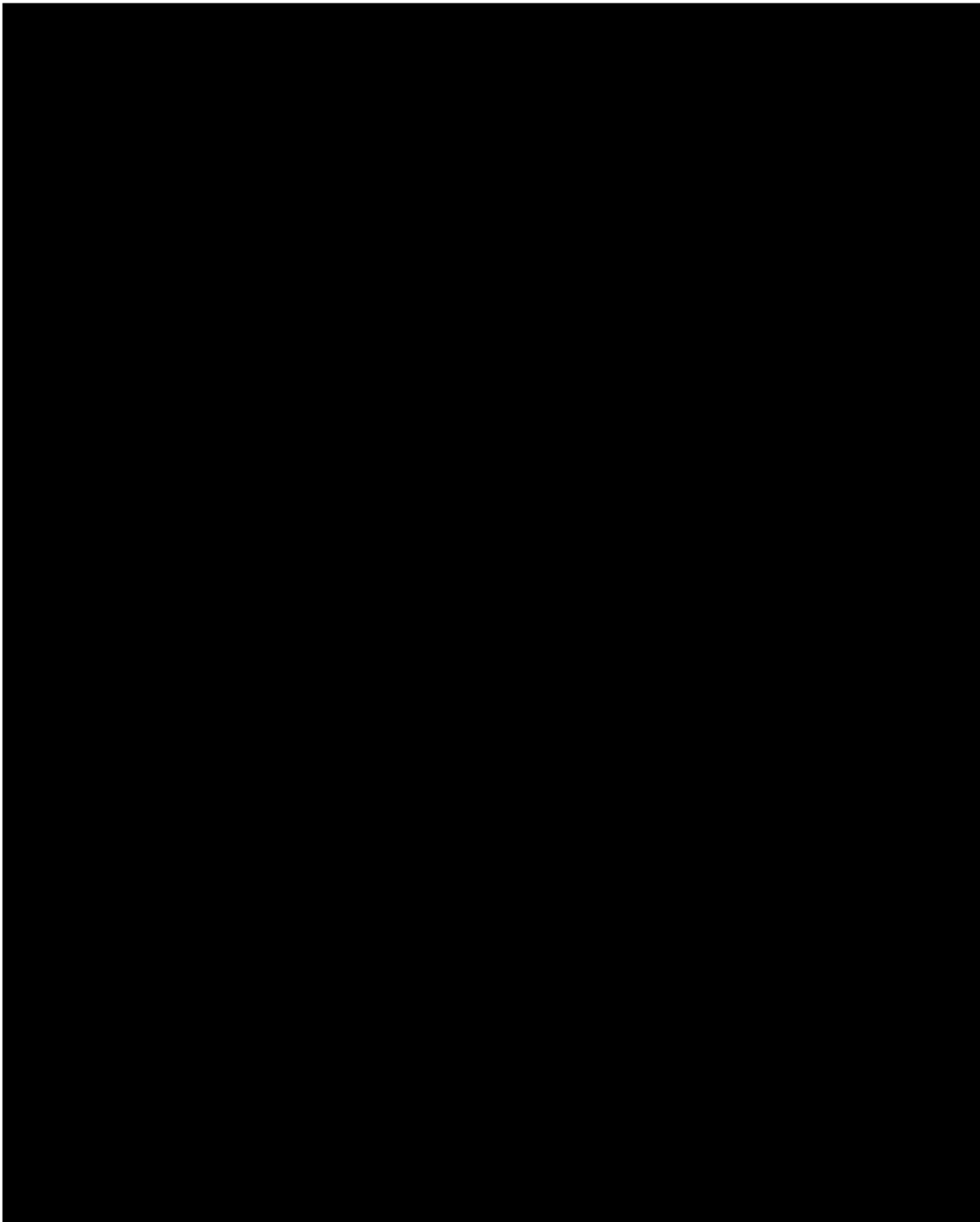
CONTINUE ON BACK IF NEEDED

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.

**THE FOLLOWING PAGES ARE WITHHELD 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)**

(Page 1 through Page 5)





The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every receipt, invoice, and bill should be properly filed and indexed for easy retrieval. This not only helps in tracking expenses but also ensures that all necessary documents are available for tax purposes.

Next, the document outlines the various methods for organizing financial data. It suggests using spreadsheets to categorize expenses into different groups, such as travel, entertainment, and office supplies. This allows for a more detailed analysis of spending patterns and helps in identifying areas where costs can be reduced.

The document also addresses the issue of reconciling bank statements with internal records. It provides a step-by-step guide on how to compare the two, highlighting common discrepancies and how to investigate them. This process is crucial for ensuring the accuracy of the financial statements and for detecting any potential errors or fraud.

Finally, the document discusses the importance of regular audits. It explains that periodic reviews of financial records can help identify any irregularities or inconsistencies. It also provides tips on how to conduct an audit effectively, including the use of checklists and the involvement of external auditors when necessary.