



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** 294

Data Received

28-DEC-1999

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

854474

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) <small>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G1ND52J4X6190687	CHEVROLET	MALIBU	1999	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06300000	Par. Name(s) FUEL:FUEL INJECTION SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) <u>7</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

INTERMITTENTLY WHEN THE BRAKES ARE APPLIED VEHICLE SHUTS DOWN. DEALER HAS INSPECTED THE VEHICLE SEVERAL TIMES, AND HAS NOT BEEN ABLE TO DUPLICATE THE PROBLEM.\*AK

CONTINUED ON BACK PLEASE

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.



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National Highway Traffic Safety Administration

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# Vehicle Owner's Questionnaire

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

FOR AGENCY USE ONLY 284

Date Received

22 AM 1:01

28-DEC-1999

OFFICE OF INVESTIGATION

Od\_or \_\_\_\_\_  
rt\_at \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

864474

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Work Number

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 \_\_\_\_\_ your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 1/5/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) **1G1ND52J4X6190687** Vehicle Make **CHEVROLET** Vehicle Model **MALIBU** Vehicle Year **1999** Current Odometer Reading **7800**

Purchase Date \_\_\_\_\_ Dealer's Name **KENNY ROSS** Engine Size (CID/CC/L) **3100**  Turbo Diesel Gas  Fuel Injection  
 New  Used City **(Huntingdon)** State **PA** Zip Code **15642** No Cylinders **6**

Transmission Type  Manual  Automatic Antilock Brakes  Yes  No Restraint System  3-Point Belt  Motorbelt  Driverside Airbag  2-Point Belt  Passengerside Airbag Cruise Control  Yes  No Drive Train  Front  Rear  4-Wheel Vehicle Type  Car  Sport Utl Truck  Van  Minivan  Motorcycle  Other Body Style  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component **06300000** Part Name(s) **FUEL:FUEL INJECTION SYSTEM** Location  Left  Right  Front  Rear Failed Part(s)  Original  Replacement

No of Failures \_\_\_\_\_ Date(s) of Failure(s) \_\_\_\_\_ Mileage at Failure(s) **7** Vehicle Speed at Failure(s) \_\_\_\_\_ Failed Part(s) Available?  Yes  No NHTSA Previously Contacted?  Yes  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  Yes  No Fire  Yes  No Number of Persons Injured \_\_\_\_\_ Number of Fatalities \_\_\_\_\_ Estimated Property Damage \_\_\_\_\_ Reported to Police  Yes  No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

INTERMITTENTLY WHEN THE BRAKES ARE APPLIED VEHICLE SHUTS DOWN. DEALER HAS INSPECTED THE VEHICLE SEVERAL TIMES, AND HAS NOT BEEN ABLE TO DUPLICATE THE PROBLEM.\*AK

WHEN THE MOTOR IS SAY LUKEWARM AND YOU LET OFF OF THE GAS PEDAL, THE MOTOR SHUTS OFF. THEY DO NOT KNOW WHAT IS WRONG. NOTHING WORKED THAT THEY CHANGED

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.

8380129

172572

# KENNY KOSS AND SONS



\*INVOICE\*

11250 ROUTE 30  
NORTH HUNTINGDON, PA 15642  
724-863-9000 Phone  
412-271-3100  
724-863-0488 Fax  
www.kennyross.com

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SERVICE ADVISOR: 2787 RICH STONE

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
SANDR	99	CHEVROLET MALIBU	1G1ND5254X6190587		5985/5985	T1358	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
18SEP1999			17:00 11OCT99			CASH	11OCT1999

R.O. OPENED	READY	OPTIONS:	STK:99C15020 CLR:13693	
16:08 08OCT99	10:57 11OCT99	ENG:3.1 Liter_V6_SFI TRK:MXC 1)BROWN TEAM		
LINE OF CORRECT TECH TYPE	HOURS	LIST	NET	TOTAL

A ENGINE STALLS RESTARTS OK SEE RICH / /  
CAUSE: SHORTED

14355 SENSOR, CRANKSHAFT POSITION - REPLACE  
9845 WP94

(N/C)  
(N/C)

1 10456555 SEN ASM  
PC: 6C  
PART#: 10456555  
COUNT: 1  
CLAIM TYPE:  
AUTH CODE: B  
MJ

REFER NO 170801 9-20-99 5663M.

\*\*\*\*\*

R\*\* RENTAL / /  
CAUSE: .

Z7901 RENTAL 1 DAY  
9845 WP94  
PC: 98 PART#: COUNT: 0  
CLAIM TYPE:  
AUTH CODE:  
MJ

(N/C)

SUBL QUICK  
PC#24569  
WP94  
PC:

(N/C)

\*\*\*\*\*

**IMPORTANT**  
You will receive a survey from the manufacturer. If for any reason you cannot give us a "completely satisfied" score, please call me first so that we can resolve the matter immediately.  
Thank you. — Jim Ross  
**1-800-9-TELL-KR  
CALL TODAY!**

<b>Service Hours</b>  Mon - Thurs 8AM to 8:30PM Fri & Sat 8AM to 4:30PM  ■ <i>Early Bird Service</i> ■ <i>Lobby with Coffee</i> ■ <i>Full Service Body Shop</i>	<b>STATEMENT OF DISCLAIMER</b> The factory warranty covers only the workmanship of the warranties with respect to the sale of the item/terms. The Seller hereby expressly disclaims any warranty, 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/terms.	DESCRIPTION	TOTALS
		LABOR AMOUNT	0.00
PARTS AMOUNT	0.00		
GAS, OIL, LUBE	0.00		
SUBLET AMOUNT	0.00		
MISC. CHARGES	0.00		
TOTAL CHARGES	0.00		
LESS INSURANCE	0.00		
SALES TAX	0.00		
CUSTOMER SIGNATURE	PLEASE PAY THIS AMOUNT		

8380129

170801

# KENNY ROSS AND SONS



\*INVOICE\*

11250 ROUTE 30  
NORTH HUNTINGDON, PA 15642  
724-863-9000 Phone  
412-271-3100  
724-863-9488 Fax

PAGE 1

SERVICE ADVISOR: 2787 RICH STONE

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	1999	CHEVROLET MALIBU	1G1ND52J4X6190687		5603/5663	16283	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
18SEP1999			WAIT 20SEP99			CASH	21SEP1999

R.O. OPENED	READY	OPTIONS:	STK:99C15020 DLR:13693
15:58 20SEP99	10:29 21SEP99	ENG:3.1 Liter V6 SFI (RN:MX3 1)	BROWN TEAM

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A ENGINE STALLS WHEN COASTING TO A STOP / /  
CAUSE: SHORTED

J5542 VALVE, IDLE AIR CONTROL - REPLACE  
9845 WP94

1 17112350 VALVE KIT

FC: 6G

PART#: 17112350

COUNT: 1

CLAIM TYPE:

AUTH CODE: B

PE

(N/C)  
(N/C)

REFER TO 156232 5-3-99 1504M.

\*\*\*\*\*

### IMPORTANT

You will receive a survey from the manufacturer. If for any reason you cannot give us a "completely satisfied" score, please call me first so that we can resolve the matter immediately.

Thank you. — Jim Ross

**1-800-9-TELL-KR  
CALL TODAY!**

### Service Hours

Mon - Thurs  
8AM to 8:30PM  
Fri & Sat  
8AM to 4:30PM

■ *Early Bird Service*

#### STATEMENT OF DISCIPLES

The factory warranty constitutes all of the warranties with respect to the sale of this item. 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.

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00

PLEASE PAY