

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 255

Data Received

20-JAN-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

855169

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 BUICK	Vehicle Model REGAL	Vehicle Year 1998	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" 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	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <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 _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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
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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)

THE EBC-4 COMPUTER THAT CONTROLS THE BRAKING SYSTEM IS CAUSING THE BRAKES TO MAKE A LOUD NOISE WHEN THE VEHICLE IS STARTED, AND AFTER SITTING FOR A PERIOD OF TIME. DEALER HAS BEEN CONTACTED. *AK

CONTINUED ON BACK (REVERSE)

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.

Auto Safety Hotline		FOR AGENCY USE ONLY 255		
 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		Date Received 20 JAN 2000 OFFICE DEFECTS INVESTIGATION	Od_or rt_dt Od_rt up_itr
			OWNER INFORMATION (Type or Print)	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized signature, your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Signature of Owner		Date 02/02/00		
VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) <i>2G4WR52K6W1402715</i>	Vehicle make BUICK	Vehicle model REGAL	Vehicle Year 1998	
Purchase Date <i>12/31/97</i>	Dealer's Name <i>Parker Park Chevrolet-Buick</i>	Engine Size (CID/CC/L) <i>3.8L</i>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <i>Walnut Creek</i> State <i>CA</i> Zip Code <i>94596</i>	No Cylinders <i>6</i>		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	
			Body Style <input type="checkbox"/> 2-Door <input checked="" 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 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <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) 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		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)				
<p>THE EBC-4 COMPUTER THAT CONTROLS THE BRAKING SYSTEM IS CAUSING THE BRAKES TO MAKE A LOUD NOISE WHEN THE VEHICLE IS STARTED, AND AFTER SITTING FOR A PERIOD OF TIME. DEALER HAS BEEN CONTACTED. *AK</p> <p>Note ① Dealer describes computer as ABS EBCM.</p> <p>Note ② Dealer says the noise is in the ABS EBCM.</p> <p>③ The car was purchased on 12/31/97 and no unusual noise was noticed in the engine compartment until early March 1999, when a sound like running a stick along a pocket</p>				
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.				

PARKER - ROBB CHEVROLET • BUICK

OUR #1 GOAL: "THE MOST SATISFIED CUSTOMERS"

1707 NORTH MAIN ST. PHONE: 934-6000

WALNUT CREEK, CA 94596

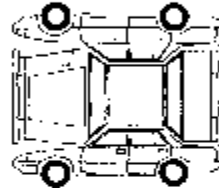


CHEVROLET B.A.R. #AA003082

BUICK B.A.R. #AE146683

E.P.A. #CAD055391452

CASH CUSTOMER LABOR RATE LATE FEE YES NO
 CREDIT CARD \$ _____
 AUTHORIZATION NUMBER _____
 NOTE: By law, you may choose whether to perform any needed repairs or adjustments when it is a safety recall (see notices and website).



I hereby authorize the repair work to be done along with the necessary materials and labor that your employees may require to complete the vehicle health check or other repair work to be done in the purpose of testing and/or diagnosis. All work performed by your employees will be done in accordance with the original manufacturer's specifications.

ALL PARTS WILL BE DISCARDED UNLESS INSTRUCTED OTHERWISE.
 SAVE
 ALL PARTS ARE NEW UNLESS SPECIFIED OTHERWISE

COIL FILTER	TUNE UP 8 CYL	TUNE UP 6 CYL	TUNE UP 4 CYL	TUNE UP VANS	BRAKE INSPECTION	WHEEL PACK - 2 WHIL	WHEEL PACK 4 X 4	TRANSMISSION SVC.	EMISSIONS SERVICE	A/C SERVICE	POWER FLUSH	ALIGN FRONT	ALIGN REAR	ROTATE	BALANCE	DIFF. OIL CHANGE	STEAM CLEAN ENG.	SMOG CERT.		
3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23

1st REVISION \$ _____ DATE _____ TIME _____
 CONTACTED PERSON CONTACTED _____
 PHONE _____
 IN PERSON
 2nd REVISION \$ _____ DATE _____ TIME _____
 CONTACTED PERSON CONTACTED _____
 PHONE _____
 IN PERSON
 3rd REVISION \$ _____ DATE _____ TIME _____
 CONTACTED PERSON CONTACTED _____
 PHONE _____
 IN PERSON

INSTRUCTIONS ON WORK TO BE DONE

51* PAY TYPE: W
 CUST STATES KEYLESS REMOTE IS INOP.
*Found one bad remote and replaced
 programmed the rest to vehicle
 1 operates good now*

52* PAY TYPE: W
 CUST STATES SOUNDS LIKE SOMETHING IS
 RUBBING THE LEFT FRONT WHEEL DURING
 HARD LEFT HAND TURNS FROM A STOP UNDER
 HARD ACCELERATION
*No problem found. Unable to duplicate
 noise. put vehicle on rack
 still diagnosed no sign of a problem*

53 parts Buy

TECH	OPERATION	FLG	1	OF	1	HRS
OLH	FLG	FAILED PART				
RC	NET	CND				AUTH

CA LYNNVAN SVC ADV: 080 MICHAEL S. TAYLOR
 VIN: 2G4W52K6 W1402713
 BUICK REGAL COL CD: 56U
 LS TRIM: 523
 LICENSE: GREEN CAR
 SVC DLR: 06464 SLM: 651
 STOCK NUMBER: 00088073
 SOLD: 123197

ODOMETER: LAST: 6838 CURRENT: 8505
 AVG PER DAY: 19 PER MONTH: 570

HOME [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

ATTACHMENT 1

LIST CODE: 164

MODEL #: 4WB69

03/24/99 10:29:38

***PROMISED DATE: 03/24/99 TIME: 1600 ***

PARKER - ROBB CHEVROLET • BUICK

OUR #1 GOAL: "THE MOST SATISFIED CUSTOMERS"

1707 NORTH MAIN ST. PHONE: 934-6000

WALNUT CREEK, CA 94596



CHEVROLET B.A.R. #AA003082

BUICK B.A.R. #AE146683

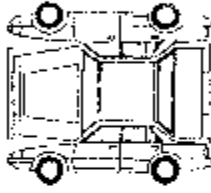
E.P.A. #CAD055391452

NOTE: By law, you may choose a third party to perform any needed repairs or adjustments which the shop check includes are completed.

ALL PARTS WILL BE DISCARDED UNLESS INSTRUCTED OTHERWISE.

ALL PARTS ARE NEW UNLESS SPECIFIED OTHERWISE.

SAVE



LUBE OIL FILTER	TUNE UP 8 CYL.	TUNE UP 6 CYL.	TUNE UP 4 CYL.	TUNE UP VANS	BRAKE INSPECTION	WHEEL PACK - 2 WHL.	WHEEL PACK 4 X 4	TRANSMISSION SVC.	EMISSIONS SERVICE	A/C SERVICE	POWER FLASH	ALIGN FRONT	ALIGN REAR	ROTATE	BALANCE	DIFF. OIL CHANGE	STEERING CLEAN BINS	SHOCK CERT
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

1st REVISION \$ _____ DATE _____ TIME _____

CONTACTED PHONE _____ PERSON CONTACTED _____

2nd REVISION \$ _____ DATE _____ TIME _____

CONTACTED PHONE _____ PERSON CONTACTED _____

3rd REVISION \$ _____ DATE _____ TIME _____

CONTACTED PHONE _____ PERSON CONTACTED _____

I acknowledge and give my approval of an increase in the original estimated price.

INSTRUCTIONS ON WORK TO BE DONE

EST. PAY TYPE: N

CUSTOMER STATES CLUNK NOISE FELT/HEARD FROM LEFT FRONT WHEN BACKING OUT OF DRIVEWAY/PARKING SPOT THEN MAKING A TIGHT LEFT TURN SEE MT.

Order Intermediate steering shaft

replaced steering rack

TECH	OPERATION	HRS	
OLH	FLG	FAILED PART	
RC	NET	CND	AUTH
TECH	OPERATION	HRS	
OLH	FLG	FAILED PART	
RC	NET	CND	AUTH
TECH	OPERATION	HRS	
OLH	FLG	FAILED PART	
RC	NET	CND	AUTH
TECH	OPERATION	HRS	
OLH	FLG	FAILED PART	
RC	NET	CND	AUTH

LIC: CA LYNNVAN SVC ADV: 080 MICHAEL S. TAYLOR

28 **VIN: 2G4WB52K6 W1402713**

BUICK REGAL COL CD: 56U

LS 4DR SN TRIM: 323

LICENSE: CA [REDACTED] GREEN CAR

SVC DLR: 02464 SLM: 651

STOCK NUMBER: 00088073

IN-SVC: 123197 SOLD: 123197

ODOMETER: LAST: 8505 CURRENT: 10172

AVG PER DAY: 19 PER MONTH: 570

DIST CODE: 164

MODEL# 4WB69

ATTACHMENT 2

06/16/99 09:05:29

***PROMISED DATE: 06/16/99 TIME: 1600 ***

*TAG #903# **RD 67535** SVC ADV: 080 RESV: 028 VIN: 2G4WB52KA W1402713

