

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

Date Received

27-JAN-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

855545

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 driver's side)</small>	Vehicle Make BUICK	Vehicle Model SKYLARK	Vehicle Year 1995	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 type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input 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"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input 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 09500000 12110000	Part Name(s) COMMUNICATIONS:HORN ASSEMBLY INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	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
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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 HORN AND AIR BAG DEVICES ARE BUILT AS ONE UNIT ON THIS VEHICLE, THE HORN HAS GONE OUT AND CONSUMER HAS TO REPLACE BOTH UNITS TO RESTORE THE HORN UNIT. THE DEALER HAS BEEN CONTACTED. CONSUMER WAS TOLD THAT THIS WOULD COST \$950.00 TO REPLACE. *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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<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input 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"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input 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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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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<p>OWNER INFORMATION (Type or Print)</p>				<p>Reference No. 855545</p>	
<p>[Redacted] 586461</p>				<p>Work Number Home Number [Redacted]</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of [Redacted] provide your name and address to the vehicle manufacturer.</p>				<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>Signature of Owner [Redacted]</p>				<p>Date <u>2/7/00</u></p>	
VEHICLE INFORMATION					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G4NY55M55C410838</p>		<p>Vehicle Make BUICK</p>	<p>Vehicle Model SKYLARK</p>	<p>Vehicle Year 1995</p>	<p>Current Odometer Reading 81414</p>
<p>Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Dealer's Name LOU SOBH City DULUTH State GA Zip Code 30096</p>		<p>Engine Size (CID/CC/L) _____ No. Cylinders 6</p> <p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>	
<p>Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
<p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p>Sport Ut Truck <input type="checkbox"/> Motorcycle</p>	<p>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</p>			
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<p>No. of Failure(s)</p>	<p>Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____</p>			<p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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LOU SOBH

PONTIAC BUICK GMC

2473 Pleasant Hill Road
DULUTH, GEORGIA 30096
Phone (770) 232-0099



GENERAL MOTORS PARTS DEPARTMENT
SERVICE DEPT. HOURS
7:30 AM - 7 PM
MONDAY - FRIDAY
8:00 AM - 2 PM
SATURDAY



10032	CUSTOMER NO.	F JACK GISH II 124	767 TAG NO.	12/27/89	INVOICE DATE	BUC588747	INVOICE NO.
		LABOR RATE	LICENSE NO.	MILEAGE	COLOR		STOCK NO.
				81414	GRN		
		YEAR / MAKE / MODEL			DELIVERY DATE		DELIVERY MILES
		86/BUICK/4DR SDN			05/27/86		27800
		VEHICLE I.D. NO.			SELLING DEALER NO.		PRODUCTION DATE
		1G4NV55M53C410838					
		FTE NO.	P. O. NO.		R. O. DATE		
					12/27/89		
		COMMENTS					

LABOR & PARTS
 J# 1 12BUZ MISC ELECTRICAL HOURS: 0.50 TECH(S): 142 INTERNAL
 HORN BLOWS BY ITSELF
 WHEN WARM'S UP
 * → DIAGNOSE CONDITION- NEEDS HORN PAD-
 APPROX 950.00
 JOB # 1 TOTAL LABOR & PARTS 0.00

COMMENTS
 READY 10.55 12/27/99
 DELETED OPERATION(S)
 03BUZ MISC ENGINE

TOTALS

 CASH CHECK
 CREDIT CARD
 GMPP CLAIM AMOUNT
 *****FOR YOUR NEXT SERVICE APPOINTMENT PLEASE CALL*****
 JOHN GUNTER @ 770-232-2687
 OR
 JOHN HEARLE @ 770-232-2686
 OR
 JACK GISH @ 770-232-2696
 TOTAL LABOR..... 0.00
 TOTAL PARTS..... 0.00
 TOTAL SUBLET..... 0.00
 TOTAL G.O.G..... 0.00
 TOTAL MISC CHG..... 0.00
 TOTAL MISC DISC..... 0.00
 TOTAL TAX..... 0.00
 TOTAL INVOICE \$ 0.00

PARTS DESIGNATED WITH AN ASTERISK (*) INDICATES LIFETIME
 GUARANTEE APPLIES FOR CUSTOMER PAY REPAIRS

CUSTOMER SIGNATURE

WHY SHOULD I HAVE TO PURCHASE ANOTHER
 AIR BAG TO GET THE HORN TO WORK!

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.

THANK YOU FOR THIS OPPORTUNITY
 TO SERVE YOU. IT IS OUR AIM TO
 PERFORM ALL THE REPAIRS
 REQUESTED ON THIS REPAIR ORDER
 TO YOUR COMPLETE SATISFACTION.
 IF OUR SERVICE WAS SATISFACTORY
 TELL YOUR FRIENDS, IF NOT, PLEASE
 TELL US IMMEDIATELY.

GUARANTEE

12 MONTHS OR 12,000 MILES WHICH
 EVER OCCURS FIRST ON GM PARTS
 AND LABOR. ALL OTHER PARTS 90
 DAYS OR 4,000 MILES WHICH EVER
 OCCURS FIRST. DAMAGE OR ABUSE
 AFFECTING THESE REPAIRS VOIDS
 THIS WARRANTY. (A COPY OF THIS
 REPAIR ORDER INVOICE MUST BE
 PRESENTED.)