

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 294

Data Received

27-JAN-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

855549

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	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNEK18K6SJ323520	CHEVROLET TRU	TAHOE	1995	

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	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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08100000	Part Name(s) ELECTRICAL SYSTEM: BATTERY	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Frnt <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) _____	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 53	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) _____		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

BATTERY LEAKED ACID ONTO THE BRAKES, RESULTING IN POOR BRAKE PERFORMANCE. THE DEALER HAS REPAIRED THE VEHICLE. MANUFACTURER HAS BEEN NOTIFIED. *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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 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	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNEK18K6SJ323520	CHEVROLET TRU	TAHOE	1995	

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"/> Motorbelt <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 checked="" type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08100000	Part Name(s) ELECTRICAL SYSTEM: BATTERY	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) 53 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)
BATTERY LEAKED ACID ONTO THE BRAKES, RESULTING IN POOR BRAKE PERFORMANCE. THE DEALER HAS REPAIRED THE VEHICLE. MANUFACTURER HAS BEEN NOTIFIED. *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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 284</p>	
<p>Date Received FEB 16 AM 9:4 27 JAN 2000 OPTICAL DEFECTS INVESTIGATION</p>		<p>Od_or _____ rt_dt _____ od_rt _____ up_ltr _____</p>		<p>Reference No. 855549</p>	
<p>OWNER INFORMATION (Type or Print)</p>				<p>Work Number _____ Home Number <u>SAME</u></p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>				<p>Signature of Owner _____ Date <u>2/7/00</u></p>	
<p>VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) (Locate at bottom of windshield on driver's side) 1GNEK18K6SJ323520</p>		<p>Vehicle Make CHEVROLET TRU</p>	<p>Vehicle Model TAHOE</p>	<p>Vehicle Year 1995</p>	<p>Current Odometer Reading 55,500</p>
<p>Purchase Date <u>10-31-98</u></p>	<p>Dealer's Name <u>SUBURBAN CHEVROLET</u></p>	<p>Engine Size (CID/CC/L) <u>350</u></p>	<p>City <u>SANDY</u></p>	<p>State <u>OR</u></p>	<p>Zip Code _____</p>
<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Engine Size (CID/CC/L) <u>350</u></p>	<p>No Cylinders <u>8</u></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 checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>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 type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____</p>
<p>Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____</p>					
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component 08100000</p>	<p>Part Name(s) ELECTRICAL SYSTEM: BATTERY</p>	<p>Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>		
<p>No of Failures</p>	<p>Date(s) of Failure(s) <u>1-13-2000</u></p>	<p>Mileage at Failure(s) <u>58</u></p>	<p>Vehicle Speed at Failure(s) <u>25-35</u></p>	<p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>BATTERY LEAKED ACID ONTO THE BRAKES, RESULTING IN POOR BRAKE PERFORMANCE. THE DEALER HAS REPAIRED THE VEHICLE. MANUFACTURER HAS BEEN NOTIFIED. *AK</p> <p><i>IT ALSO LEAKED ^{ACID} ONTO THE AIR BAG SENSORS.</i></p>					
<p>CONTINUE ON BACK IF NEEDED</p>					
<p>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 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.</p>					



Business

Hacker goes free:
criminal Kevin Mitnick is
But he's not allowed to t
2003 under the t

SATURDAY ♦ JANUARY 22, 2000

Federal safety group investigating some GM sport-utility vehicles

WASHINGTON — A federal safety agency is investigating some older-model sport-utility vehicles built by General Motors Corp. after complaints their batteries leak, damaging the brakes.

There are more than 700,000 of the Suburban, Tahoe and Yukon utilities on the road from the 1995 through 1997 model years, the National Highway Traffic Safety Administration said Friday.

Sixteen motorists have complained to the agency that their batteries leaked, damaging the brakes, the report said.

Investigators are looking at whether more complaints have been received by the automaker and whether the alleged problem increases the risk of a crash.

German retailer puts Nike shirts back on shelves after health scare

ESSEN, Germany — KarstadtQuelle AG, Germany's largest department-store owner, said it would put soccer shirts made by Nike Inc. back on store shelves today after removing them earlier this month amid a chemical scare.

The owner of Karstadt and Hertie pulled all Nike's soccer shirts Jan. 6 after traces of tributyltin were found on replica shirts of German first-division soccer club Borussia Dortmund. The chemical can lead to infertility.

— From staff and wire reports

INSIDE

For a roundup of other regional, national and international business news, turn to Page 2.

there is going to be enough compromise" to restart WTO talks soon, Moore said Thursday after meeting with U.S. Agriculture Secretary Dan Glickman and House Agriculture Committee Chairman Larry Combest, R-Texas.

Moore's downbeat assessment came after shutting from India to Europe to the United States trying to convince trade ministers from some of the 135 WTO members to restart the negotiations. The talks collapsed last month in Seattle over disagreements ranging from U.S. demands that Europe scrap its export subsidies to a U.S. insistence that any future trade pacts include labor and environmental standards.

While the Europeans, Americans and Japanese have all said they favor a resumption of talks, European Union Trade Minister Pascal Lamy last month said he doubted that would happen until after the Novem-

Please see **WTO**, Page E6



ASSOCIATED PRESS
Mike Moore, World Trade Organization director general, found little interest in compromise during a tour of several member nations that he completed this week.

ISSUES IN DISPUTE

Agriculture: The United States argued that agriculture should be treated the same as any other type of commerce, as nations negotiate to cut tariffs and subsidies. The European Union and others want the right to protect family farms and rural communities from foreign competition.

Biotech: The WTO undertook to create a group to discuss biotechnology. Many countries felt the issue was an inappropriate one for the global trade agency to tackle.

Labor rights: Many developing countries resisted what they perceived as attempts by the United States and others to link trade issues with labor standards.

Special treatment: Countries debated letting products from the world's least developed countries into industrialized nations free.

Procter & Gamble board meets in

Shares fall as the consumer products company weighs a bid for two giant drug-makers

By LAURA HOLSON
and MELODY PETERSEN
NEW YORK TIMES NEWS SERVICE

Procter & Gamble's board of directors met Friday to consider stepping up merger talks with two pharmaceutical gi-

ants, American Home Products and Warner-Lambert, that would create one of the world's largest consumer products and drug companies.

But Wall Street reacted nervously. Procter & Gamble's stock fell 9 percent Friday, to \$102.6875, one of the biggest drops in the stock since the market plunge of 1987.

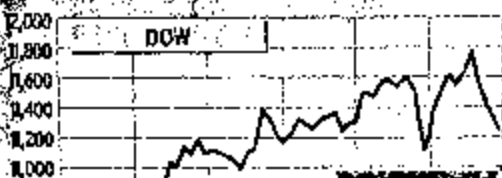
Procter & Gamble, maker of Tide and Pampers, is already the nation's largest

consumer pharmaceutical dwarfing rivals.

If Procter & Gamble's new drug line is successful, it would be the largest in the United States.

Only one other company has created a line like Bee

MARKETWATCH



NASDAQ

4,235.40
+ 45.09

S&P 500

1,441.36
- 4.21

RUSSELL 2000

533.09
+ 6.65

WM GROUP NY

STOCKS AND BONDS

NYSE

◆ Advances 1,329
◆ Declines 1,745

AMEX

◆ Advances 309
◆ Declines 303

OVERSEAS MARKETS

GERMANY (DAX)

◆ Close 6,922.75
◆ Down 119.91

HONG KONG (Hang Seng)

Amount needed

BRITAIN (p)

CANADA (d)



R
11880 SW F.

SCV CHEVROLET
CHEVY TRUCKS
HWY - TIGARD, OREGON 97223
PHONE (503) 639-1166

GM
Goodwrench
Service
Plus

CUSTOMER NO. 69408	ADDRESS RUBEN MURPHY	CARD NO. 177	INVOICE DATE 01/13/01	INVOICE NO. 110014416
	LABOR RATE 67.00	LICENSE NO. E4222	COLOR	STOCK NO.
	YEAR/MAKE/MODEL 95/CHEVROLET TRUCK/TANOR	MILEAGE	DELIVERY DATE	DELIVERY MILES
	VEHICLE ID. NO. 1GNEK1DK692323520		SELLING DEALER NO.	PRODUCTION DATE
	F.T.E. NO. E	P.O. NO.	R.O. DATE 01/12/01	

RESIDENCE PHONE: BUSINESS PHONE: 1001 SW

JOB# 1 CHARGES

LABOR	J# 1 12	TECH(S):405	241.00
<p>BRAKE SYSTEM CUSTOMER REPORTS THAT WHEN BRAKING HAS A GROWLING NOISE REPAIR (CING) REPLACE WHEEL SPEED SENSOR AND WIRING HARNESS DAMAGED BY BATTERY ACID REPLACED RIGHT HAND FRONT WHEEL SPEED SENSOR AND JUMPER HARNESS</p>			
PARTS	QTY	FP-NUMBER	DESCRIPTION
	1	16218905	SENSOR 16.712
	1	12137127	HARNESS A 4.720
			LIST PRICE-UNIT PRICE-
			87.25 87.25
			76.25 76.25
			TOTAL - PARTS
			163.50

JOB# 1 TOTALS
LABOR 241.00
PARTS 163.50

JOB# 2 CHARGES JOB# 1 JOURNAL PREFIX DTCS JOB# 1 TOTAL 404.50

LABOR	J# 2 14CVZZ	TECH(S):405	100.00
<p>ACCESSORIES AIR BAG LITE ON RIGHT FRONT DISCRIMINATION SENSOR CONNECTOR HARNESS DAMAGED REPLACED HARNESS THAT WAS DAMAGED BY BATTERY ACID</p>			
PARTS	QTY	FP-NUMBER	DESCRIPTION
	1	15997070	SENSOR AS 4.710
			LIST PRICE-UNIT PRICE-
			101.00 101.00
			TOTAL - PARTS
			101.00

JOB# 2 TOTALS
LABOR 100.00
PARTS 101.00

JOB# 3 CHARGES JOB# 2 JOURNAL PREFIX DTCS JOB# 2 TOTAL 201.50

LABOR	J# 3 31CVZZ1	TECH(S):405	214.00
<p>BRAKES MISC ABS LITE COMES ON AT TIMES REPLACED BATTERY AND REPLACED POSITIVE CABLE TO STARTER AND REPLACED POSITIVE CABLE TO UNDER HOOD FLD. CENTER CLEANED UP ACID AND REPAINTED BATTERY TRAY AND FRAME AREA RECHECKED ALL OK</p>			
PARTS	QTY	FP-NUMBER	DESCRIPTION
	1	7867R	BATTERY BELLO
	1	12157435	CABLE 2.342
	1	12157090	CABLE 2.342
			LIST PRICE-UNIT PRICE-
			23.05 23.05
			59.99 59.99
			34.61 34.61
			TOTAL - PARTS
			117.65

JOB# 3 TOTALS
LABOR 214.00
PARTS 117.65

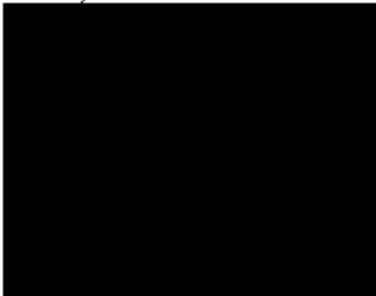
JOB# 3 JOURNAL PREFIX DTCS JOB# 3 TOTAL 321.50



R
11880 SW F

SC CHEVROLET CHEVY TRUCKS
HWY - TIGARD, OREGON 97223
PHONE (503) 639-1166

GM
Goodwrench
Service
Plus



ADVISOR ROBERT MURPHY	CARD NO 2700	INVOICE DATE 02/24/99	INVOICE NO 0203144102
LABOR RATE 67.00	LICENSE NO	MILEAGE 148000	COLOR Y
YEAR/MAKE/MODEL 95/CHEVROLET TRUCK/3500	DELIVERY DATE	DELIVERY MILES	STOCK NO
VEHICLE ID. NO. 1GNFK18K4S1329520	SELLING OFFICER NO	PRODUCTION DATE	
PTE NO E	P.O. NO	ECI DATE 11/11/98	

MISC CODE DESCRIPTION CONTROL NO
 JOB # 21 HAZ WASTE REMOVAL & SHOP SUPPLIES
 TOTAL - MISC

17.50
17.50

ESTIMATE
 CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
 ORIGINAL ESTIMATE OF \$1025.00 (+TAX)

COMMENTS
 CUSTOMER JEFF TO PAY \$1012.64
 LORIS

TOTALS

RUSS CHEVROLET WOULD LIKE TO THANK YOU FOR HAVING YOUR VEHICLE SERVICED WITH US TODAY. OUR PRIMARY CONCERN IS YOUR COMPLETE AND TOTAL SATISFACTION. IF YOU HAVE ANY COMMENTS OR QUESTIONS PLEASE DONT HESITATE TO ASK!!!!

TOTAL LABOR....	556.00
TOTAL PARTS....	439.00
TOTAL SUPLET...	0.00
TOTAL D.O.G....	0.00
TOTAL MISC CHG.	17.50
TOTAL MISC RJSC	0.00
TOTAL TAX.....	0.00
TOTAL INVOICE *	1012.64

Parts designated with an asterisk (*) indicates a Lifetime Guarantee applies for customer pay repairs

CUSTOMER SIGNATURE