

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 436

Date Received

03-FEB-2000

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

Reference No.

856149

 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
1G1NE52M2W6260953	CHEVROLET	MALIBU	1998	

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 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 09306000	Part Name(s) LIGHTING:FUSE:BRAKE LIGHTS	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) 30-00-1998 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)

BRAKES LIGHTS TOTALLY WENT OUT TWICE WITHIN 6-8MONTHS APART. DEALER SAID IT WAS DUE TO BAD BULBS AND POOR WIRING. \*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.

 <p>DOT Auto Safety Hotline  <b>Vehicle Owner's Questionnaire (VOQ)</b>          NATIONWIDE 1-888-DASH-2-DOT          1-888-327-4236          www.nhtsa.dot.gov/hotline</p>		<b>FOR AGENCY USE ONLY 436</b> Date Received MAR - 6 AM 10:30 03-FEB-2000 DEFECTS INVESTIGATION				
U.S. Department of Transportation National Highway Traffic Safety Administration		Ordt or _____ rt_dt _____ od_rt _____ up_ltr _____ Reference No. 856149				
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] 588303						
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a signature and address to the vehicle manufacturer. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner [Redacted] Date 2/13/00						
<b>VEHICLE INFORMATION</b>						
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G1NE52M2W6260953	CHEVROLET	MALIBU	1998	29,716		
Purchase Date 7/23/98	Dealer's Name <u>Bob Taylor Chevrolet</u>		Engine Size (CID/GAL) <u>V6</u>	<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 <u>Naples</u> State <u>FL</u> 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"/> 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 checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util <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 checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>						
Component 09380000	Part Name(s) <u>LIGHTING:FUSE BRAKE LIGHTS</u>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement		
No of Failures 2	Date(s) of Failure(s) 30-OCT-1998 6/19/99	Mileage at Failure(s) 8073, 19737	Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>APPLICATION INCIDENT INFORMATION</b> (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	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>						
<b>BRAKES LIGHTS TOTALLY WENT OUT TWICE WITHIN 6-MONTHS APART. DEALER SAID IT WAS DUE TO BAD BULBS AND POOR WIRING. *AK</b>						
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.						

CUSTOMER SIGNATURE

IF YOU IN THE NEXT FEW DAYS RECEIVE A QUESTIONNAIRE FROM THE MANUFACTURER AND IF FOR ANY REASON YOU CANNOT GRADE US 100% (COMPLETELY SATISFIED) PLEASE CONTACT ROBERT TOZZI SERVICE DIRECTOR - BOB TAYLOR CHEVROLET - JEEP 941-591-0994 EXT. 155 THANK YOU!

\*\*\*\*\* IMPORTANT \*\*\*\*\*

*****	TOTAL LABOR	0.00
*****	TOTAL PARTS	0.00
*****	TOTAL SUBLET	0.00
*****	TOTAL G. D. G.	0.00
*****	TOTAL MISC CHG	0.00
*****	TOTAL MISC DISC	0.00
*****	TOTAL TAX	0.00
*****	TOTAL INVOICE \$	0.00

TOTALS-----

TOTAL - LABOR 0.00

LABOR	# 1 07CVZ03	BRAKE NOISE	HOURS: 492	TECH(S): 492	WARRANTY
		CUSTOMER STATES GRINDING TYPE NOISE FROM BRAKES			
		NO PROBLEM FOUND AT THIS TIME			
		OPERATING AS DESIGNED			
	# 2 03CVZ04	STOP LAMPS	HOURS: 754	TECH(S): 754	WARRANTY
		CUSTOMER STATES: BRAKE LIGHT IS INOP			
		ORDER PLATE ASSY.			
	# 3 03CVZ26	RADIO/TAPE/CD UNIT	HOURS: 754	TECH(S): 754	WARRANTY
		CUSTOMER STATES R/F SPEAKER SOUNDS LIKE BLOWN - MAKES UNUSUAL NOISE			
		ORDER SPKR.			

105744		4MEERAM T. HILDEB 228		03908	03908	03908	03908	03908	03908
NAME		LICENSE NO.		03908	03908	03908	03908	03908	03908
CHEVROLET/MALIBU/MALIBU		LICENSE NO.		03908	03908	03908	03908	03908	03908
VIN ES2M2W6260953		DEALER NO.		03908	03908	03908	03908	03908	03908
P.T.F. NO.		P.T.F. NO.		03908	03908	03908	03908	03908	03908
COMPANY # \$100 DED		MO: 8678		03908	03908	03908	03908	03908	03908

STATE OF FLORIDA REGISTRATION MV-01515

SEE BACK FOR ADDITIONAL CUSTOMER INFORMATION REGARDING REPAIRS

BOB TAYLOR CHEVROLET - JEEP P O BOX 1-899 NAPLES, FLORIDA 34101 TELEPHONE: (941) 591-0994





CUSTOMER SIGNATURE

IF YOU IN THE NEXT FEW DAYS RECEIVE A QUESTIONNAIRE FROM THE MANUFACTURER AND IF FOR ANY REASON YOU CANNOT GRADE US 100% COMPLETELY SATISFIED) PLEASE CONTACT ROBERT TOZZI SERVICE DIRECTOR - BOB TAYLOR CHEVROLET - JEEP 941-591-0991 EXT. 165 THANK YOU!

\*\*\* IMPORTANT \*\*\*

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 0.06  
TOTAL INVOICE \$ 0.00

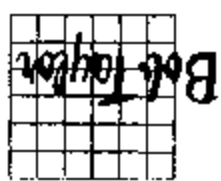
\*\*\*\*\*  
\* METHOD OF PAYMENT \*  
\* CASH CHECK \*  
\* VISA MCARD \*  
\* CHARGE \$ \*  
\* INSURANCE CHECK \*  
\* OTHER \*  
\*\*\*\*\*

TOTALS

103744	WILLIAM F. HILDEB 228	3488	11/10/98	981449	SAVING ME	9030	88/CHEVROLET/MALIBU/MALIBU	VEH # 1GNEB2M2W6260953	11/10/98	MC-9C34
	ADDRESS	PHONE NO	SALES	DATE	MODEL	PRICE	DESCRIPTION	VEH #	DATE	REGISTRATION

STATE OF FLORIDA  
REGISTRATION MV-01516

BOB TAYLOR CHEVROLET -  
P.O. BOX 14809 • NAPLES, FLORIDA 34101  
TELEPHONE: (941) 591-0994



ESTIMATE CUSTOMER HEREBY ACKNOWLEDGES RECEIVING ORIGINAL ESTIMATE OF \$22.00 (+TAX)

LABOR	DESCRIPTION	UNIT PRICE	WARRANTY
# 1 03CVZ	CUSTOMER STATES LT BRAKE LIGHT INOP. BODY ELECTRICAL HOURS: 123 TECH(S): 123		WARRANTY
# 2+03CVZ10	CUSTOMER STATES LEFT REAR WINDOW INOP. FROM LEFT DOOR, POSS. SWITCH OPEN IN WIRE TO L.R. SWITCH TRACE DOWN & REPAIR WIRING HOURS: 754 TECH(S): 754		WARRANTY
# 3+05CVZ	CUSTOMER STATES LEFT CENTER VENT HANGS UP. REPLACE PER DON SHEKHAR CENTER A/C DEFLECTOR ASSY. BINDING REPLACE DEFLECTOR ASSY. HOURS: 130 TECH(S): 130		WARRANTY
# 4+07CVZ	CUSTOMER STATES BRAKES GRINDING OPERATING AS PER DESIGN INTENT AT THIS TIME. BRAKES/TRACTION CTRL HOURS: 466 TECH(S): 466		WARRANTY
# 5+90CVZ03	COURTESY TRANS. RENT HOURS: 466 TECH(S): 466		WARRANTY
TOTAL - LABOR		20.00	
# 1	SOCKET V 2.725		
# 0	8901283		
# 1	PART ON SPECIAL ORDER		
# 3	** QUANTITY 2 IS SPECIAL ORDERED **		
# 1	22644676		
# 3	OUTLET 9.262		
TOTAL - PARTS		0.00	
WARRANTY			
# 5	4106		
# 4106	6344537		
# 06/21/99	06/21/99		
# 06/21/99	06/21/99		
TOTAL - SUBLET		0.00	
WARRANTY			

103744	RICHARD W. BRUNNER 466	1245	06/21/99	INVOICE DATE
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				BY
				REMARKS
				DESCRIPTION
				QUANTITY
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