Form Approved O.M.B. No. 2127-0039

U.S. Department of Transportation
National 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 118

Date Received: 04-FEB-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No.: 856249

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	PONTIAC	GRAND AM	1998	

Purchase Date	Dealer's Name / City / State / Zip Code	Engine Size (CID/CC/L) / No Cylinders	
☒ New ☐ Used			☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
12112300	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:P/	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	18-SEP-1999 / 3000 /	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0		☐ Yes ☒ No

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

WHEN MAKING A LEFT TURN AFTER COMING TO A COMPLETE STOP , VEHICLE WAS INVOLVED IN A CRASH. ANOTHER VEHICLE CRASHED INTO THE PASSENGER'S SIDE. AIR BAG WENT OFF ON PASSENGER'S SIDE WITH SUCH FORCE THAT PASSENGER'S NECK WAS BROKEN. AT THE TIME OF THE CRASH OCCUPANT WAS WEARING SEAT BELT. *AK

CONTINUED 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 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.

Form Approved: O.M.B. No. 2127-0008

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Date Received: 04-FEB-2000
00 FEB 28 AM 9:4
OFFICE OF DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_ltr

Reference No. 856249

OWNER INFORMATION (Type or Print)

[redacted] 588526

Work Number
Home Numb[redacted]

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 [redacted] Date 2/16/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G2NC52M7W7742161	PONTIAC	GRAND AM	1998	9000

Purchase Date
☒ New ☐ Used

Dealer's Name ROMANO PONTIAC CMC
City DAYTONA B State FL Zip Code 32114

Engine Size (CID/CC/L ____
No Cylinders 6
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12112300	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:P	☐ Left ☐ Right ☐ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	18-SEP-1999 Mileage at Failure(s) 9000 Vehicle Speed at Failure(s)	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0		☐ Yes ☒ No

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CONTINUE ON BACK IF NEEDED

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F FLORIDA
ICATION OF TITLE AND/OR
GISTRATION AND
SALES AND USE TAX REPORT
OR

IF TITLE IS NOT RECEIVED WITHIN 60 DAYS
SEE REVERSE SIDE FOR IMPORTANT INFORMATION

2 47759

202.00
203.95
1.95 OWRS

00311 30 48 42 203.95 10:11 05/18/98

DECAL NUMBER	YR.	DECAL ISSUED	SEX	BIRTHDATE MO. DAY YR.	EXPIRES MO. DAY YR.	OWNER IDENT.	TRANS. CODE	TFR	FEE	TAG ISSUED	TAG NUMBER
13399024	9	1	M	04 11 28	04 11 99	HARR			3	1	EB666E

05/18/98

TITLE NUMBER	VEHICLE IDENTIFICATION NO.	YR.	MAKE	WT/LENGTH	CLASS	GVW/LOC	BODY OR GRVW/GRY
25520036	1G2NF52N2WC740161	98	PONT	3938	02		PONT 40

8 = COM
2 = AGY#
832 = RFT#
EB666E =T
13399024=D
T-ONLY= 0
*0*OT*
PREV TSS DTE

Owner's Name & Address to which title is to be mailed, if not to be mailed, street address must be shown.

[redacted]

1st OWNER D/L NO. H625545282111 | 2nd OWNER D/L NO. NO FL DL

INSURANCE PIP	INSURANCE LIABILITY	CREDIT $	REFUND $	DATE ISSUED MO. DAY YR.
A		0.00	0.00	05 18 98

TAG MONEY	MOS.	TAX $	B.T. MOS.	BACK TAX $	SVC. CHG. $	OTHER CHARGES $	TOTAL $	CREDIT VEHICLE MO.	CLASS	WT/LENGTH
	48	70.20		0.00	2.50	0.00+$100	72.70			

TITLE MONEY	TITLE FEE $	LATE PENALTY $	LIEN $	SVC. CHG. $	TITLE TOTAL $	SALES TAX TOTAL $	GRAND TOTAL $ (Tax This Sale)
P24	25.00	0.00	0.00	6.25	31.25	0.00	203.95

CDT = 1

00311 30

Action Requested: ORIGINAL - NEW

OFFICE USE ONLY: TITLE # 25520036 5 | TRANSACTION CODE: 10

STATE PREV. REG.	DATE VEHICLE ACQ'D.	NEW	USED	ODOMETER
N	04/25/98	X		000042 04/25/98 A-ACTUAL MILEAGE

NAME OF FIRST LIENHOLDER: (IF NO LIEN, ENTER NONE)

ADDRESS: | DATE OF LIEN:

CITY-STATE | ZIP CODE

NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER:
ROMANO PONTIAC GMC

ADDRESS:
273 W INT'L SPEEDWAY BLVD

CITY-STATE | ZIP CODE
DAYTONA BEACH FL 32114

DEALER LICENSE NO.: VF010348 | SALES TAX REGISTRATION NO.:

Owner's Address (Florida residential address of owner, if different from above)

REPLACEMENT TAG/DECAL

THE LICENSE PLATE AND/OR DECAL IDENTIFIED HERE HAS BEEN LOST, STOLEN, DESTROYED OR DEFACED, AND THE POLICE OR SHERIFF HAS BEEN NOTIFIED. DEFACED ITEMS ARE HEREWITH SURRENDERED.

TAG NUMBER	DECAL NUMBER	YEAR:

INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS. $ 0.00

INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES. $ 0.00

TRANSFER OF TITLE IS EXEMPT FROM FLORIDA SALES OR USE TAX FOR THE REASON(S) CHECKED.

☐ PURCHASER HOLDS VALID EXEMPTION CERTIFICATE

☐ VEHICLE WILL BE USED EXCLUSIVELY FOR RENTAL

CONSUMER EXEMPTION CERTIF. # OR SALES TAX EXEMPTION #

☐ SELLING PRICE VERIFIED

☐ SALES TAX COLLECT BY DLS 1085.94

☐ I/WE HEREBY CERTIFY THAT THE MOTOR VEHICLE TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS OF THIS STATE.

COMMENTS:

VEHICLE USAGE: P PRIVATE

☐ ODOMETER DECLARATION CERTIFICATION

I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED MOTOR VEHICLE, AND MAKE APPLICATION FOR TITLE AND/OR REGISTRATION. FURTHER CERTIFYING THAT A PHYSICAL EXAMINATION OF THE VEHICLE HAS BEEN MADE AND THAT THE INFORMATION DESCRIBING IT HEREIN IS CORRECT. I/WE AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE MOTOR VEHICLE DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

16 MAY 98

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

DATE _____

_____ **Signature of Registered Owner**

_____ **Signature of Registered Co-Owner**

OWNER COPY

HSMV-82041 (REV. 12/96)S

ROMANO PONTIAC • GMC

№ 17596

833 W. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH, FL 32114 (904) 258-3311

"Where Our Customers Are Treated Like Family"

SOLD T [redacted]

CUST NO. 47759
DEAL NO. 7349

STOCK NO. [redacted] DATE 04/25/98

YEAR	MAKE	MODEL	SERIAL NUMBER	KEY NOS. FA	FB
98	PONTIAC	GRAND AM	1G2NC52M7WC740161		

BUYER: 06/11/28 0625-545 28-211
(904)677 8539

PRICE OF CAR	17100.00
CLOSING COST	299.95
TRADE IN	N/A
LESS LIEN	N/A
CREDIT LIFE NO.	N/A
DISABILITY NO.	N/A
EXT. SERVICE NO.	N/A
DVWTF	2.00
ZILBART PACKAGE	699.00
SALES TAX	1085.94
TAG & TITLE	200.00
TOTAL	19386.89
CASH	
CASH	2000.00
FINANCE	17386.89

FLORIDA LAW WASTE TIRE AND
LEAD-ACED BATTERY FEE
INCLUDED IN CLOSING COST

KIND:
PAYABLE 1 PAYMENTS
OF $ 17386.89 STARTING
04/25/98

LIEN:
TO:
ADDRESS:

SALESMAN: VAN GREATHOUSE
RALPH STOSIEK