

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 117

Date Received

07-FEB-2000

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

Reference No.

856400

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>(located at front of windshield on drivers side)</small><br><b>1G4CW52K1W4631134</b> | Vehicle Make<br><b>BUICK</b> | Vehicle Model<br><b>PARK AVENUE</b> | Vehicle Year<br><b>1998</b> | Current Odometer Reading |
|----------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------|-----------------------------|--------------------------|

|                                                                       |                                       |                              |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____           |                                                                                                                                              |

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                              |                                                                                          |                                                                                                                    |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                                                 |                                                                                                     |                                                                                                                                          |                                                                                             |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>05150000</b><br><b>08100000</b> | Part Name(s)<br><b>ENGINE:OTHER PARTS</b><br><b>ELECTRICAL SYSTEM:BATTERY</b>                       | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures                                  | Date(s) of Failure(s) _____<br>Mileage at Failure(s) <u>21</u><br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

WHILE DRIVING AT APPROXIMATELY 25-35MPH VEHICLE WOULD STALL OUT. WOULD HAVE NO PRIOR WARNING. NEARLY REARENDED. NEED TO SHIFT INTO NEUTRAL TO RESTART. AN INTERMITTENT PROBLEM. TOOK TO DEALERSHIP & MECHANIC PLACED A MONITOR ON VEHICLE. NOTHING HAPPENED. WAS ROAD TESTED & BATTERY DIED. FOUND A SHORT IN BATTERY & IT WAS CHANGED. THE VEHICLE FINALLY STALLED AGAIN WHILE AT STOP LIGHT. ^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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                              |  | <b>FOR AGENCY USE ONLY</b> 117<br>Date Received <u>07-FEB-2000</u><br>OFFICE DEFECTS INVESTIGATION<br>Reference No. <u>856400</u><br>Work Number _____<br>Home No. _____                                                                                                     |  |
| <b>OWNER INFORMATION (Type or Print)</b><br><div style="background-color: black; width: 400px; height: 40px; display: inline-block;"></div> <b>588924</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                              |  |
| 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<br>In the absence of _____ vehicle manufacturer.<br>Signature of Owner _____ Date <u>2/16/00</u>                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                              |  |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br><b>1G4CW52K1W4631134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Vehicle Make <b>BUICK</b><br>Vehicle Model <b>PARK AVENUE</b><br>Vehicle Year <b>1998</b><br>Current Odometer Reading <b>22,317</b>                                                                                                                                          |  |
| Purchase Date _____<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Dealer's Name <u>GILROY Pontiac Buick GMC</u><br>City <u>GILROY</u> State <u>CA</u> Zip Code <u>95020</u><br>Engine Size (CID/CC/L) _____<br>No Cylinders <u>6</u>                                                                                                           |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                    |  |
| Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag                                                                                                                                                                                                                                                                                                         |  | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                          |  |
| Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Vehicle Type<br><input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Van<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other |  |
| Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                              |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                              |  |
| Component<br><b>08160400</b><br><b>08100400</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Part Name(s)<br><b>ENGINE: OTHER PARTS</b><br><b>ELECTRICAL SYSTEM: BATTERY</b>                                                                                                                                                                                              |  |
| Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                                                                                                                                                  |  |
| No of Failures _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Date(s) of Failure(s) <u>SEE ATTACHED</u><br>Mileage at Failure(s) <u>22</u><br>Vehicle Speed at Failure(s) _____                                                                                                                                                            |  |
| Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input 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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                  |  |
| Number of Persons Injured _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Number of Fatalities _____                                                                                                                                                                                                                                                   |  |
| Estimated Property Damage _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                    |  |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                              |  |
| WHILE DRIVING AT APPROXIMATELY 25-35MPH VEHICLE WOULD STALL OUT. WOULD HAVE NO PRIOR WARNING. NEARLY REARENDED. NEED TO SHIFT INTO NEUTRAL TO RESTART. AN INTERMITTENT PROBLEM. TOOK TO DEALERSHIP & MECHANIC PLACED A MONITOR ON VEHICLE. NOTHING HAPPENED. WAS ROAD TESTED & BATTERY DIED. FOUND A SHORT IN BATTERY & IT WAS CHANGED. THE VEHICLE FINALLY STALLED AGAIN WHILE AT STOP LIGHT.*AK<br><br><div style="text-align: center; font-size: 1.5em; margin-top: 20px;"><u>SEE ATTACHED</u></div>                                                                          |  |                                                                                                                                                                                                                                                                              |  |
| 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 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. |  |                                                                                                                                                                                                                                                                              |  |

# Notice to California Claimants

Enclosed you will find a copy of your *Customer Claim Form* and the original of all other documents recently submitted to the BBB AUTO LINE program as part of the claim you have filed.

These documents are being duplicated in their entirety and placed in your electronic imaged case file. Copies of these documents have been sent to the manufacturer and will also be sent to the arbitrator if there is an arbitration hearing in your case.

Your original submission is being returned to you for your records and further reference, if needed.

Should your case advance to an arbitration hearing, you should bring the enclosed documents to the hearing with you. While the arbitrator and the manufacturer will already have received a copy, it may be necessary to refer to these documents if there is any difficulty in reading the electronically imaged copy.

If you have any further questions, please call our offices at 1.800.955.5100.

Thank you.

Document Management Department  
BBB AUTO LINE Program

2-9-00 Kener  
Date



10/6/98

January 12, 2000

Re: Drennon vs Buick Motor Division # BUK0083491

MAILED 2/7/00



Dear Mr. [REDACTED]

Thank you for using the BBB AUTO LINE program. We have opened your claim under the number shown above. In order to facilitate your claim, please do the following:

**Step 1**

Read the enclosed brochure *How BBB AUTO LINE Works*. This will explain the following:

- how to use our program;
- what steps you must take to enable us to investigate and process your dispute;
- what information will be considered in deciding your dispute;
- your rights in providing information that will be considered in the arbitration process;
- time periods in which your case will be handled;
- arbitration rules which set out the remedies that may be awarded in BBB AUTO LINE.

**Step 2**

Review the enclosed *Customer Claim Form*, which contains information that you gave to us on the telephone. If any information is missing or incorrect, write the additions or corrections directly on the form using dark ink. Please make sure that the VIN (vehicle identification number) has been correctly typed by the intake specialist, or that you have filled it in correctly.

Please complete the grid attached to the *Customer Claim Form* to give details about each vehicle problem on which your claim is based. Please attach additional sheets if the grid does not provide enough space.

The *Customer Claim Form* must be signed by all titled owners of the vehicle.

**Step 3**

Make one *clear* copy of the following documents, preferably on standard size paper:

- *Sales or lease agreement* containing the vehicle purchase price, sales tax, and other expenses associated with the purchase or lease of your vehicle;
- *Current vehicle registration*, and
- *All repair records and work orders* for repairs to your vehicle. Please include proof of payment if you are seeking reimbursement.

Customer Claim Form

Case Number: BUK0083491  
Contact Date: 01/12/00  
Start Date: 01/12/00

Customer Name Address



Evening Phone: (000) 000-0000  
E-mail address:

Vehicle Information

Name(s) that appear on vehicle title: Charles Drennon

Is vehicle titled to a business? no Percentage of time vehicle used for business purposes:

Transmission Type: Automatic Number of vehicles registered in California by vehicle owner/lessee: 0

Make: Buick Model: Park Avenue Model Year: 1998 Current Mileage: 21000

Vehicle Identification Number: 1G4CW52K1W4631134

Servicing Dealer/City/State: Gilroy GMC,

Selling Dealer/City/State: Gilroy GMC, Gilroy

Insurance Carrier: Policy Number:

Has vehicle been in an accident? Yes ☐ No ☒ Date of accident:

Description of Damage:

Purchase/Lease Information (complete left side if vehicle was purchased or right side if vehicle was leased)

Purchase Date: 02/08/98 Mileage at purchase: 7,156 Lease Date: Mileage at lease:

Purchased As: New USED

Leased As:

Is the vehicle in your possession? yes

Is the vehicle in your possession?

Lienholder's Name: Leasing Company's Name:

Address: Address:

City/St/Zip: City/St/Zip:

Phone: ( ) - Phone:

Resolution Sought

Customer wants them to buy the car back.



Signature of Owner:

I am authorizing any lienholder/lessor to disclose to the BBB AUTO LINE program all information relating to the financing or lease of the vehicle named on this Customer Claim Form.

Return the Form to: BBB AUTO LINE, 4200 Wilson Blvd., Suite 800, Arlington Va, 22203-1838

## 1

\_\_\_\_\_

BUK0083491

SEE ATTACHED

(Place an asterisk (\*) next to any current problems)

1998 Buick Park Avenue  
02/01/00

Car dies while driving at speeds between 25 to 35 miles per hour. Able to



**AUTO LINE**

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**Step 4**

Attach one copy of the documents listed in Step 3 to the signed *Customer Claim Form*. We prefer that you paperclip and not staple them, as this will enable us to process your claim more quickly. We suggest that you do not send originals.

**Step 5**

Mail your signed *Customer Claim Form* and all accompanying documentation to: **BBB AUTO LINE, 4200 Wilson Boulevard, Suite 800, Arlington, VA 22203**. If possible, please use a larger size envelope so that you do not have to fold the documents.

In some cases, the manufacturer may contact you directly to discuss settlement options. Please let us know if you reach a settlement with the manufacturer.

If you would like more information about our program, you may request a free copy of our written *Operating Procedures*.

BBB AUTO LINE staff are here to help you. Please call me at (800) 955-5100 if you any questions or we may be of assistance.

Sincerely,

Karyn Bowman at Extension 220

Spoke to Derrick King, Customer Relations Supervisor, and raised the question: what happens if the dealer is unable to duplicate the problem before the warranty expires. He replied that I would have to purchase an extended warranty for Buick to cover expense of any repairs thereafter.

I do not feel this is fair, since the problem is well documented prior to expiration of warranty.

My wife and I feel uncomfortable driving the car because of the risk of being rear ended. Fortunately, the car has not died while driving on the freeway; but we could still be injured at the speeds it does die, plus the damage to the car. It is unsafe because it may potentially cause an accident.

2/1/00 died.

Radio noise on AM stations: static, engine whining, and turn signal noise:

Dealer: 1/20/99 (unable to duplicate for above problems)  
" 4/1/99 "  
" 4/6/99 "  
" 6/2/99 "  
8/4/99 Took car to Speed-O-Tach (dealer's radio repair service company in Concord, CA. They heard noise, but found no problem in radio. Recommended replacing antenna (in rear window). Dealer replaced rear window 9/28/99. This did not clear up the noise.

Current mileage: 21,712

Dealer: Gilroy Pontiac Buick GMC  
455 Stutz Way  
Gilroy, CA 95020  
Phone: (408) 847-3171  
Contact: Frank Leccese, Service Manager

Car was leased new from US Fleet Leasing by my former employer TW Metals. It was my company car and I purchased it when I retired December 31, 1998.

Car has been serviced as recommended by the manufacturer.

---

In order for the dealer to repair the car, it must shut down completely and will not restart. It could be months or years before it happens.

I cannot sell or trade the car as I must advise the purchaser of the defect. Who would buy it knowing it periodically dies?

What recourse do I have?

Request that Buick purchase the car or would possibly consider a replacement, depending on the condition and mileage.

The car is in excellent condition with low mileage.

---

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH ISSUED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE NON-OPERATIONAL (PNO) STATUS OF A STORED VEHICLE (\$10). RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR THE FOLLOWING PENALTIES WILL BE DUE:

- \* FOR A PERIOD OF 1-10 DAYS LATE, 10% OF THE FEES DUE FOR THAT YEAR.
- \* FOR A PERIOD OF 11-30 DAYS LATE, 20% OF THE FEES DUE FOR THAT YEAR.
- \* FOR A PERIOD OF 31 DAYS TO 1 YEAR LATE, 60% OF THE FEES DUE FOR THAT YEAR.
- \* FOR A PERIOD OF MORE THAN 1 YEAR, UP TO AND INCLUDING 2 YEARS LATE, 80% OF THE FEES DUE FOR THAT YEAR.
- \* FOR A PERIOD OF MORE THAN 2 YEARS LATE, 160% OF THE FEES DUE FOR THAT YEAR.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE'S MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

\*\*\*\*\* DO NOT DETACH - REGISTERED OWNER INFORMATION \*\*\*\*\*



REGISTRATION CARD VALID FROM: 02/08/1999 TO: 02/08/2000

|                  |          |             |           |              |          |          |                         |
|------------------|----------|-------------|-----------|--------------|----------|----------|-------------------------|
| MAKE             | YR MODEL | YR 1ST SOLD | VLF CLASS | *YR          | TYPE VEN | TYPE LIC | LICENSE NUMBER          |
| BUIC             | 1998     | 1998        | EY        | 1999         | 120      | 11       | 4AMX237                 |
| BODY TYPE MODEL  | MP       | NO          |           |              |          |          | VEHICLE ID NUMBER       |
| 4D               | G        | EN          |           |              |          |          | 1G4CW52KJW4631134       |
| TYPE VEHICLE USE |          | DATE ISSUED | CC/ALCO   | DT FEE RECVD | PIC      |          | STICKER ISSUED          |
| AUTOMOBILE       |          | 02/10/99    | 43        | 02/10/99     | 3        |          | D2779903                |
| REGISTERED OWNER |          |             |           |              |          |          | PR EXP DATE: 02/08/1999 |
|                  |          |             |           |              |          |          | AMOUNT PAID             |
|                  |          |             |           |              |          |          | \$ 382.00               |

|            |               |
|------------|---------------|
| AMOUNT DUE | AMOUNT RECVD  |
| \$ 382.00  | CASH :        |
|            | CHEK : 382.00 |
|            | CRDT :        |

LIENHOLDER

F01 623 03 0038200 0052 US F01 021099 11 4AMX237 134

USFL will not sell vehicles for less than the current Fair Market Value (FMV) noted in guides as AMR, NADA, etc. Also, we urge you not to sell vehicles for less than the current depreciated value. If you would like assistance in determining the FMV, please complete a Request for FMV form and fax it to USFL, or call your Remarketing Coordinator at 1-800-572-2079. NOTE: Some states (e.g. MA, RI, CT, NY, NJ and PA) require the removal and return of license plates to the State DMV to avoid additional taxes and charges.

Please complete requested information by following the attached instruction letter and attach cashier's/certified check (USFL cannot accept drafts or personal checks). Reference customer/vehicle number on check. Mail to US Fleet Leasing, Lockbox - VRG

PO Box 844509  
Dallas, TX 75284-4509

Customer/Vehicle No.: 03949 - 02631

Year/Make/Model 98 Buick Park Ave VIN: 1G4CW52K1W463134

**1. REGISTER TO (title to read):**

Name: [REDACTED]  
Address: [REDACTED]  
City/State/Zip: [REDACTED]

**2. MAIL TO (if different than above)**

Name: NA  
Address: [REDACTED]  
City/State/Zip: [REDACTED]

**3. LIENHOLDER (bank, credit union, etc. if applicable):**

Attn./Acct #: NA  
Name: [REDACTED]  
Address: [REDACTED]  
City/State/Zip: [REDACTED]

\* USFL is required to collect sales tax in AZ, CA, FL, GA, HI, IL, ME, MI, NV, NJ, NY, TN & WA. Call coordinator for percentages.

**4. ODOMETER DISCLOSURE STATEMENT:**

Federal law (and state law, if applicable) requires the lessee to disclose the mileage to the lessor in connection with the transfer of ownership. Failure to complete or making a false statement may result in fines and/or imprisonment. Complete the form below:

I, RICHARD T. HULSEBERG (print name of person making disclosure) state the odometer of the vehicle described above now reads 7156 (no tenths) miles.

- Check One: ☒ (1) I hereby certify that to the best of my knowledge the odometer reading reflects the actual mileage of the vehicle described above  
☐ (2) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.  
☐ (3) I hereby certify that the odometer reading is NOT the actual mileage. WARNING: ODOMETER DISCREPANCY

Lessee's signature: TW METALS, INC. by Richard T. Hulseberg Date: 12/31/98  
Lessee's address: 760 CONSTITUTION DRIVE, EXTON, PA 19341

**5. AS IS - NO WARRANTY:** The seller assumes no responsibility for any repairs regardless of any oral statements about this vehicle. YOU WILL PAY ALL COSTS FOR ANY REPAIRS. Your vehicle may still have remaining warranty coverage through the manufacturer. To find out about any remaining warranty coverage that may be available, we suggest you refer to your Vehicle Owner's Manual or contact a local dealership within 30 days of the purchase of your vehicle for further details.

Transferee's/Buyer Name: [REDACTED]

1/2/99  
Date

**6. AMOUNT OF PURCHASE:**

6a. Sale Price: 21,400.00  
6b. Applicable Tax \*: 8.25% 1,765.50  
6c. Documentation Fee: 35.00  
6d. Extended Service Plan: 1-800-964-4724  
6e. Overnight U.S. \$9.80  
6f. Overnight Canada \$22.00  
6g. Certified (U.S. only) \$2.50

TOTAL 23,200.50

**7. PERSON AUTHORIZING SALE:**

Print Name: RICHARD T. HULSEBERG  
Signature: Richard T. Hulseberg  
Title: VICE PRES. ADMINISTRATION  
Co. Name: TW METALS, INC.

THANK YOU FOR YOUR BUSINESS

|                       |                                      |           |                                  |                           |                                 |                         |
|-----------------------|--------------------------------------|-----------|----------------------------------|---------------------------|---------------------------------|-------------------------|
| AUTHORIZATION CODE    |                                      | PAGE      |                                  | SERVICE INSTALLED PARTS   |                                 | CROSS REFERENCE         |
| CUSTOMER NO.<br>61159 | ADVISOR<br>PETER VONA                | MO<br>667 | DAY<br>411                       | YEAR<br>12/24/99          | ACCUMULATED MILEAGE<br>12/24/99 | INVOICE NO.<br>BUCS1467 |
|                       | LICENSE NO.                          | 20086     | YEAR/MAKE/MODEL<br>98/BUICK/PARK | DELIVERY DATE<br>02/06/98 | STOCK NO.                       | DELIVERY MILES          |
|                       | VEHICLE ID. NO.<br>104GN52K1W4631134 | P.O. NO.  | SELLING DEALER NO.               | PRODUCTION DATE           |                                 |                         |
|                       |                                      |           | R.O. DATE<br>12/21/99            | MILEAGE OUT               |                                 |                         |
|                       |                                      |           |                                  |                           |                                 | MO: 2007                |

LABOR  
JOB# 4 14PNZ03 INSPECT EXHAUST HOURS: TECH(S):696  
CUSTOMER REQUESTS EXHAUST SYSTEM INSPECTION  
INSPECTED. EXHAUST SYSTEM NORMAL 0.00

JOB# 4 TOTALS  
JOB# 4 JOURNAL PREFIX BUCS JOB# 4 TOTAL 0.00

JOB# 5 CHARGES

LABOR  
JOB# 5 85PNZ ACCESSORIES HOURS: 0.30 TECH(S):697  
THE RADIO IS NOISY IN THE AM...  
AT IDLE FROM A STOP.....  
NORMAL OPERATION  
INSPECTED WARRANTY

JOB# 5 TOTALS  
JOB# 5 JOURNAL PREFIX BUCS JOB# 5 TOTAL 0.00

JOB# 6 CHARGES

LABOR  
JOB# 6 45PNZ STEERING/SUSPENSION HOURS: TECH(S):696  
THE CAR IS HARD TO STEER WHEN TRYING TO PARK AT  
A SLOW SPEED.  
NONE FOUND  
TEST DROVE 0.00

JOB# 6 TOTALS  
JOB# 6 JOURNAL PREFIX BUCS JOB# 6 TOTAL 0.00

JOB# 7 CHARGES

LABOR  
JOB# 7 11PNZ06 ENGINE NOISE HOURS: 0.40 TECH(S):230 696  
ANY STARTER NOISY?  
BATTERY  
TEST DROVE 100 MILES. NO STALL, NO STARTER NOISE. REPLACED B  
ATTERY WARRANTY

| PARTS | QTY | PP-NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE    |               |
|-------|-----|-----------|-------------|------------|---------------|---------------|
|       | 1   | 19000932  | BATTERY     |            |               |               |
|       |     |           |             |            | TOTAL - PARTS | WARRANTY 0.00 |

JOB# 7 TOTALS  
JOB# 7 JOURNAL PREFIX BUCS JOB# 7 TOTAL 0.00

JOB# 8 CHARGES

LABOR  
JOB# 8 70PNZ03 RENTAL HOURS: TECH(S):202  
RENTAL CAR.  
REPAIRS  
PROVIDED COURTESY TRANSPORTATION WARRANTY

| UBLET | PO# | VEND | INVT | INV. DATE | DESCRIPTION                   |               |
|-------|-----|------|------|-----------|-------------------------------|---------------|
|       |     |      |      | 12/24/99  | RENTAL CAR                    |               |
|       |     |      |      |           | 456 STUTZ WAY                 | WARRANTY 0.00 |
|       |     |      |      |           | GILROY, CA 95020 408/842-3171 |               |
|       |     |      |      |           | BAR# AA - 00000000 - SUBLET   |               |
|       |     |      |      |           | UB EPA ID # CA0000048700      |               |

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.  
A CHARGE FOR HAZARDOUS WASTE DISPOSAL MAY BE ADDED. ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE.  
PAGE 2 OF 3 (CONTINUED ON NEXT PAGE)



THANK YOU FOR YOUR BUSINESS

|                    |             |               |                         |                    |                     |
|--------------------|-------------|---------------|-------------------------|--------------------|---------------------|
| AUTHORIZATION CODE |             | PAGE          | SERVICE INSTALLED PARTS |                    | CROSS REFERENCE     |
| CLASSIFICATION NO. | ADDRESS     | DE            | MO                      | YEAR               | ACCUMULATED MILEAGE |
| 11159              | PETER VONNA | 667           | 039                     | 09/28/99           | BUCKS 14402         |
|                    |             | LICENSE NO.   | PLATE                   | COLOR              | STOCK NO.           |
|                    |             | 78/HUTCH/PARK | 17124                   | 02/08/98           | DELIVERY MILES      |
|                    |             | VEHICLE NO.   | 154CM52K1W4631134       | SELLING DEALER NO. | PRODUCTION DATE     |
|                    |             | P.O. NO.      |                         | RELEASE DATE       | RELEASE CITY        |
|                    |             |               |                         | 09/23/99           |                     |
|                    |             |               |                         |                    | NO: 17126           |

JOB# 1 CHARGES

LABOR

JOB 1 10PMZ DRIVEABILITY HOURS: TECH(S):202 230 WARRANTY

0

COULD NOT CONFIRM COMPLAINT.

CUSTOMER DROVE CAR WITH TEST EQUIPMENT ATTACHED....

JOB# 1 TOTALS

JOB# 1 JOURNAL PREFIX BUCKS JOB# 1 TOTAL 0.00

JOB# 2 CHARGES

LABOR

JOB 2 61PNZ06 GLASS HOURS: 0.20 TECH(S):202 WARRANTY

GLASS PT.# 25660516 IN STOCK.

REPLACED BACK WINDOW GLASS AND SEAL.

| PARTS | QTY | FF | NUMBER   | DESCRIPTION      | LIST PRICE    | UNIT PRICE |
|-------|-----|----|----------|------------------|---------------|------------|
|       | 1   |    | 25660516 | WDD-RR 11.204    |               |            |
|       | 1   |    | 25671082 | MLDG-RWDD 11.208 |               |            |
|       |     |    |          |                  | TOTAL - PARTS | 0.00       |

| SUBLET | POW  | VEND | INVB | INV. DATE | DESCRIPTION    |      |
|--------|------|------|------|-----------|----------------|------|
|        | 2476 |      |      | 09/27/99  | R&R GLASS      |      |
|        |      |      |      |           | TOTAL - SUBLET | 0.00 |

S.O.G. & SUPPLIED

FREIGHT (PARTS)

TOTAL - GOG 0.00

JOB# 2 TOTALS

JOB# 2 JOURNAL PREFIX BUCKS JOB# 2 TOTAL 0.00

JOB# 3 CHARGES

LABOR

JOB 3 3+70PMZ SUBLET HOURS: TECH(S):202 WARRANTY

FREIGHT

PARTS EXPEDITING

REAR GLASS MOLDING / SPECIAL ORDER.

JOB# 3 TOTALS

JOB# 3 JOURNAL PREFIX BUCKS JOB# 3 TOTAL 0.00

COMMENTS

ELECT GLASS TO INSTALL REAR WINDOW

IDE D. IN PARTS DEPT ORDERED A REAR GLASS MOLDING.

AS NOT SHOWED UP AS OF YET.

RANK & SELECT GLASS WANTS THE MOLDING HERE.

BEFORE HE REPLACES THE REAR GLASS.

CUSTOMER HAS LEFT THE CAR HERE.

Gilroy Pontiac Buick GMC

455 STUTZ WAY

GILROY, CA 95020 408/842-3171

BAR# AA - 000687

US EPA ID # CA0000000700

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

CHARGE FOR HAZARDOUS WASTE DISPOSAL MAY BE ADDED. ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE.

10154151

THANK YOU FOR YOUR BUSINESS

|               |  |                               |  |                         |  |                    |  |
|---------------|--|-------------------------------|--|-------------------------|--|--------------------|--|
| AUTHORIZATION |  | PAGE                          |  | SERVICE INSTALLED PARTS |  | GROSS PR           |  |
| CUSTOMER NO.  |  | OF                            |  | DAY                     |  | YEAR               |  |
| 51159         |  | STEVE PRENTICE                |  | 512                     |  | 803                |  |
|               |  | LICENSE NO.                   |  | VIN                     |  | DELIVERY DATE      |  |
|               |  |                               |  | 1994                    |  | 08/02/99           |  |
|               |  | 787 BUTICK PARK               |  |                         |  | DELIVERY MILE      |  |
|               |  | 104 CM 52 K 1 N 4 6 3 1 1 3 4 |  |                         |  | 02/08/98           |  |
|               |  |                               |  | P.O. NO.                |  | SELLING DEALER NO. |  |
|               |  |                               |  |                         |  | 08/02/99           |  |
|               |  |                               |  |                         |  | REPRINT            |  |
|               |  |                               |  |                         |  | MO: 1              |  |

JOB# 1 CHARGES

LABOR  
 J# 1 01PNZ007 7500 MILE SERVICE HOURS: TECH(S): 441 70  
 CUSTOMER REQUESTS 7500 MILE SERVICE  
 SCHEDULED MAINTENANCE DUE TO TIME OR MILEAGE  
 SERVICE

| PARTS         | QTY | FP NUMBER | DESCRIPTION    | LIST PRICE | UNIT PRICE | PRICE |
|---------------|-----|-----------|----------------|------------|------------|-------|
|               | 1   | 25010792  | OIL FLTR 1.038 | 7.93       |            | 6.25  |
|               | 1   | 3538966   | SEAL 1.458     | 1.47       |            | 1.05  |
| TOTAL - PARTS |     |           |                |            |            | 7.3   |

G.O.G. & SUPPLIES  
 5.0 10/30 OIL 1.310 /UNIT TOTAL - 606 6.5

MISC  
 CODE DESCRIPTION CONTROL NO  
 COUS SERVICE COUPON TOTAL - MISC -4.6

JOB# 1 TOTALS

LABOR 70.2  
 PARTS 7.3  
 G.O.G. 6.5  
 MISC -4.6

JOB# 1 JOURNAL PREFIX BUCS JOB# 1 TOTAL 79.95

JOB# 2 CHARGES

LABOR  
 J# 2 85PNZ13 SOUND SYSTEM HOURS: 0.60 TECH(S): 230 441 WARRANTY  
 INSPECT FOR COMPLAINT OF AM STATION IN RADIO HAS ENGINE  
 NOISE AND TURN SIGNAL NOISE AT TIMES WHEN DRIVING  
 NONE  
 ADDED FILTER IN POWER LINE

| PARTS         | QTY | FP NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE | PRICE |
|---------------|-----|-----------|-------------|------------|------------|-------|
|               | 2   | 1224205   | FLTR 9.650  |            |            |       |
| TOTAL - PARTS |     |           |             |            |            | 0.00  |

JOB# 2 TOTALS

JOB# 2 JOURNAL PREFIX BUCS JOB# 2 TOTAL 0.00

ESTIMATE  
 CUSTOMER HEREBY ACKNOWLEDGES RECEIVING  
 ORIGINAL ESTIMATE OF \$85.00 (+TAX)

Gilroy Pontiac Buick GMC  
 468 STUTZ WAY  
 GILROY, CA 95020 408/842-3171

BAR# AA - 080867  
 US EPA ID # CA0800068700

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.  
 CHARGE FOR HAZARDOUS WASTE DISPOSAL MAY BE ADDED. ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE.

FRANK LECCESE  
SERVICE MGR

PAGE 2  
Save a lot  
**GILROY**  
PONTIAC BUICK GMC

P.O. BOX 1208  
455 STUTZ WAY - GILROY, CA 95021-1208  
(408) 842-3171

SERVICE ADVISOR

| REPORT ORDER<br>DATE | DATE READY  | STOCK NO.   | VEHICLE IDENTIFICATION | CUST. NO.     | TAB NO.                | P.O. NO.         | INVOICE<br>DATE | INVOICE NO. |
|----------------------|-------------|-------------|------------------------|---------------|------------------------|------------------|-----------------|-------------|
| 06APR99              | 06APR99     | CTSY134     | 1G4CW52K1W4631134      | 4631134       | T235                   |                  | 06APR99         | 135916      |
| TIME IN              | TIME READY  | YEAR        | MAKE & MODEL           | TELEPHONE NO. | EST. PAY<br>LARGE DATE | DELIVERY<br>DATE | PREPARED<br>BY  | SM          |
| 09:03                | 16:58       | 1998        | BUICK PARK AVE         |               | 0.00                   | 06FEB98          | 5               | 7           |
| MILEAGE IN           | MILEAGE OUT | LICENSE NO. |                        |               |                        |                  |                 |             |
| 10206                | 10206       |             |                        |               |                        |                  |                 |             |

CL 5.85  
C INSPECT FOR WHINE AT LOWER RPM'S IN RADIO ON  
AM STATIONS  
CAUSE: NONE  
N9995 CUSTOMER CONCERN NOT DUPLICATED  
230 WPB4  
PC: 92 PART#: COUNT: 0  
CLAIM TYPE:  
AUTH CODE:  
NZ

TECH UNABLE TO DUPLICATE COMPLAINT  
CUSTOMER PAY HAZARD WASTE REM FOR REPAIR ORDER

5.85  
(N/C)  
1.44

**PONTIAC**

**IMPORTANT**  
You may receive a customer satisfaction survey from Manufacturer in the next few weeks. If for any reason you cannot grade us completely satisfied, please contact our Service Consultant. Make it your number 1 concern. Thank you!  
Gilroy Pontiac-Buick-GMC  
(408) 842-3171

**GMC**

\*Reader Service  
Parts and accessories installed by dealer are covered for 12 months or 100,000 miles, whichever comes first, from date of installation.  
\*See them. See Us. See Us.

**SAVE**  
ON SERVICE SPECIALS

Drive a little Save a lot  
**GILROY**  
PONTIAC BUICK GMC

HOURS MONDAY - FRIDAY  
SERVICE: 7:30 AM - 5:30 PM  
PARTS: 8:00 AM - 5:00 PM

408-842-3171

GM Parts GM Parts



| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           | 16.15  |
| PARTS AMOUNT           | 7.30   |
| GAS, OIL, LUBE         | 5.85   |
| SUBLET AMOUNT          | 0.00   |
| MISC. CHARGES          | 1.44   |
| TOTAL CHARGES          | 30.74  |
| LESS INSURANCE         | 5.00   |
| SALES TAX              | 1.08   |
| PLEASE PAY THIS AMOUNT | 26.82  |

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipment by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of fees therefor.

I HEREBY ACKNOWLEDGE RECEIPT OF A COPY HEREOF

X

IN BEHALF OF SERVING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE INDICATED. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPLEMENTARY TO THIS CLAIM ARE AVAILABLE FOR 12 MONTHS FROM THE DATE OF PAYMENT. CONSULTATION AT THE SERVING DEALER FOR VERIFICATION BY MANUFACTURER'S REPRESENTATIVE.

PRINTED: \_\_\_\_\_ DEALER GENERAL MANAGER OR SERVICE MANAGER COPY \_\_\_\_\_ DATE \_\_\_\_\_

# GILROY

PONTIAC BUICK GMC

P.O. BOX 1208  
455 STULTZ WAY • GILROY, CA 95021-1208  
(408) 842-3171

SERVICE ADVISOR GABE MOLINA

| DATE WRITTEN | DATE READY  | STOCK NO.   | VEHICLE IDENTIFICATION | CMT. NO.      | TAX NO.              | P.O. NO.  | VEHICLE COLOR | INVOICE NO. |
|--------------|-------------|-------------|------------------------|---------------|----------------------|-----------|---------------|-------------|
| 20JAN99      | 20JAN99     | CTBY134     | 1G4CW52K1W4631134      | 4631134       | T350                 |           | 20JAN99       | 133607      |
| TIME IN      | TIME READY  | YEAR        | MAKE & MODEL           | TELEPHONE NO. | DOVT. NET LABOR RATE | WORK DATE | WARRANTY      | SLIP        |
| 10:35        | 16:56       | 1998        | BUICK PARK AVE         |               | 0.00                 | 06FEB98   | 5             | 6           |
| MILEAGE IN   | MILEAGE OUT | LICENSE NO. |                        |               |                      |           |               |             |
| 7719         | 7719        |             |                        |               |                      |           |               |             |

A INSPECT CAR DIED WHILE DRIVING AND RESTARTED OK

CAUSE: NONE FOUND

J9993 CUSTOMER CONCERN NOT DUPLICATED  
230 WPB4

FC: 9Z PART#: COUNT: 0

CLAIM TYPE:

AUTH CODE:

PU

TEST DROVE. UNABLE TO DUPLICATE COMPLAINT

B INSPECT SERVICE ENGINE LIGHT COMING ON

25 NO PROBLEM FOUND

230 CPC

0.00

0.00

C INSPECT RADIO CHANGES STATIONS AND STATIC ON

AM ALSO PICKS UP TURN SIGNAL NOISE

25 NO PROBLEM FOUND

230 CPC

0.00

0.00

D INSPECT BOTH MIRRORS WHEN IN MEMORY MODE

MIRRORS WILL TILT ALL THE WAY DOWN

CAUSE: NORMAL OPERATION

N9995 CUSTOMER CONCERN NOT DUPLICATED

230 WPB4

(N/C)



BUICK



\* Dealer Inspection

Parts and accessories furnished by dealer are covered for 12 months or 12,000 miles, whichever occurs first, from date of installation.

\* New Drop The Cover

Parts and accessories for sale over-the-counter are covered for 12 months or 12,000 miles, whichever occurs first.

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

I HEREBY ACKNOWLEDGE RECEIPT OF A COPY HEREOF

X

**SAVE**  
ON SERVICE SPECIALS

Drive a little Save a lot  
**GILROY**  
PONTIAC BUICK GMC

HOURS MONDAY - FRIDAY  
SERVICE: 7:30 AM - 5:30 PM  
PARTS: 8:00 AM - 5:00 PM

408-842-3171



Parts



Parts



GM 7-91-0000017 EPA 7-CA 000000102

ON BEHALF OF SERVICE DEALER, HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR IMPROPER RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR 111 YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

15 GNEB

DEALER GENERAL MANAGER OR CUSTOMER COPY

DATE



January 13, 2000



RE: File 990116440

Dear [Redacted]:

We are sorry you continue to be dissatisfied with the decision made concerning your 1998 Buick Park Avenue. We know you are sincere in the position you have taken, and hope you also understand our point of view.

General Motors, through the Better Business Bureau (BBB), provides a service of mediation/arbitration for its customers regarding the new vehicle warranty. General Motors has committed itself to accept and abide by decisions made in this arbitration process.

The BBB is available to you at no cost. In certain circumstances, you may be required to use the BBB prior to participation in other resolution methods. This program is discussed in your vehicle's Warranty and Owner Assistance Information Booklet.

Please call the Better Business Bureau at 1-800-955-5100 to utilize this service. They will provide you with full details of the program.

Thank you for the opportunity to review this matter.

Sincerely,

A handwritten signature in cursive script that reads "Tamara Carabello".

Tamara Carabello  
Customer Relationship Manager  
5265-P

AUTO LINE

---

February 15, 2000

Re: cac2 1714 X BUK0083481 :Drennon vs Buick Motor Division

Dear [REDACTED]

Enclosed are:

- \* Arbitrator Listing Sheet(s);
- \* a map to the hearing site;
- \* Hearing Format Outline; and
- \* *Notice of Hearing*.

The *Notice of Hearing* lists the date, time and location of your arbitration hearing. The manner in which each party will participate in the hearing is indicated on the *Notice of Hearing*.

We strongly recommend that you bring your vehicle to the hearing in case the arbitrator would like to inspect or test drive it.

We are enclosing supporting documentation, if any, submitted by the manufacturer and not previously sent to you.

If you have any questions, please contact me at 800.955.5100. Thank you for your continued cooperation and participation in the BBB AUTO LINE program.

Sincerely,

Karyn Bowman at Extension 220



AUTO LINE

## NOTICE OF HEARING

Date: 02/15/00 Case Number: BUK0083491  
Customer: [REDACTED]  
Manufacturer: Buick Motor Division  
Mfr-Info: 1714 CA 1G4CW52K1W4631134

Arbitrator(s): JULIA GRANNT

Hearing Date, Time, Place: 02/18/00 3:00 pm  
BBB of Santa Clara Valley, Ltd.  
2100 Forrest Avenue, Suite 110  
San Jose CA 951280000

## Manner in Which Parties Will Participate:

Customer: ☒ in person ☐ by phone ☐ in writing  
Manufacturer: ☐ in person ☒ by phone ☐ in writing

## INSTRUCTIONS

1. We make every effort to assist persons with disabilities. If you need special assistance to participate in the arbitration hearing, please notify the BBB.
2. Bring all witnesses you want to testify.
3. Bring the original of any documents you have previously submitted to BBB AUTO LINE. If you bring any documents that you did not previously provide, please bring extra copies for the arbitrator and the other party.
4. We strongly recommend that you bring your vehicle to the hearing in case the arbitrator would like to inspect or test drive it.
5. NOTIFY THE BBB AT LEAST 5 DAYS PRIOR TO THE HEARING IF YOU DECIDE TO HAVE A LAWYER REPRESENT YOU AT THE HEARING OR THE INSPECTION.
6. Notify the BBB at once if you cannot be present at the hearing. The hearing may be conducted in your absence should you fail to participate in person or by phone.
7. Refer to *How BBB AUTO LINE Works* for more detailed information on the arbitration process.
8. Current vehicle registration and insurance are required for all test drives.

Hearing Site Phone Number: 4082787420



AUTO LINE

## ARBITRATOR SELECTION LIST

Case Owner: [REDACTED]

Case Number: BUK0083491

This is the biographical sketch of the arbitrator in your upcoming arbitration hearing. Please review the information for a conflict of interest. If you have any financial, professional, political, social, or personal relationship with the arbitrator, however remote, this would be considered a conflict of interest. If this arbitrator is not acceptable please call the Bureau immediately. Otherwise, the hearing will proceed as scheduled. Be advised that the manufacturer does not participate in the selection of the arbitrator.

All of our arbitrators are volunteers and are committed to making a fair decision based on the facts of your case. At the beginning of the hearing the arbitrator will sign an oath stating that he or she has no financial, social, professional, or family relationship with either party.

## Arbitrator's Biography

Arbitrator's Name: JULIA GRANNT

Arbitrator's Occupation: SMALL BUSINESS CONSULTANT

Arbitrator's Activities:

YWCA SANTA CLARA COUNTY / BOARD OF DIRECTOR

**Location of Better Business Bureau**

2100 Forest Avenue

Name of Building (if any)

2100 Forest Ave. #110, San Jose, CA 95128

Bureau Address and City

(408) 278-7410

Bureau Phone Number (Emergency Only)

**DIRECTIONS**

We are located off HWY 880 and Steven's Creek Blvd. at the corner of Disalvo Avenue and Forest Avenue across from O'Connor Hospital. (Please note: this is on the other side of the freeway from the Valley Fair Shopping Mall.)

When exiting 880 take the Steven's Creek/W. San Carlos exit, turning toward W. San Carlos. Make the first left turn at Disalvo. We are approximately two blocks down on the right side of the street before Forest Avenue.

If traveling HWY 280 North (680 South) you will need to exit at the 880 North off ramp. After exiting 280, there is a turn off to W. San Carlos - turn right onto W. San Carlos and make first left onto Disalvo.

**The Better Business Bureau of Silicon Valley**

2100 Forest Avenue, Suite 110, San Jose, California 95128

Phone: (408) 278-7400 from 9 A.M. to 12 A.M. &amp; 1 P.M. to 4 P.M.



## **Suggested Arbitration Hearing Format**

### **Arbitrator's Opening Statement**

### **Parties' Presentations**

- A. Presentation of consumer's testimony, evidence and witness(es)
- B. Presentation of business' testimony, evidence and witness(es)
- C. Questions, comments and rebuttals by consumer
- D. Questions, comments and rebuttals by business
- E. Questions by arbitrator

### **Inspection (If requested by arbitrator)**

- A. Arbitrator instructs parties about inspection/test drive procedures
- B. Inspection (and test drive, if necessary)
- C. Questions or comments about inspection (and test drive) by consumer
- D. Questions or comments about inspection (and test drive) by business
- E. Questions about inspection (and test drive) by arbitrator

### **Recess**

### **Closing the Hearing**

- A. Any last questions, testimony or evidence by either party
- B. Any last questions by arbitrator
- C. Closing statement by business
- D. Closing statement by consumer

Arbitration hearings generally last approximately two hours. Arbitrators will manage the hearing process as outlined above and in so doing, will curb irrelevant or repetitious testimony.

---

SALES TAX  
 STATE TAX  
 COUNTY TAX  
 CITY TAX  
 TOTAL TAX

|         |         |                     |         |       |      |         |   |
|---------|---------|---------------------|---------|-------|------|---------|---|
| 01APR59 | 07F7138 | 104C952K1W4631284   | 4431134 | T0942 | 0.00 | 06F7138 | 7 |
| 9842    | 16:13   | 1998 BUICK PARK AVE |         |       | 0.00 | 06F7138 | 7 |
| 9849    | 9843    |                     |         |       |      |         |   |

**A INSPECT FOR GAS GAGE READS INCORRECTLY**  
 J9993 CUSTOMER CONCERN NOT DUPLICATED  
 540 WPB4  
 FC: 9Z PART#: COUNT: 0  
 CLAIM TYPE:  
 AUTH CODE: B  
 AV

**TECH WAS UNABLE TO DUPLICATE COMPLAINT**  
**B INSPECT FOR OUTSIDE TEMP GAGE READS INCORRECTLY**  
 24 NO CHARGE FOR SERVICE  
 540 CPC

**INSPECT FOR EXCESSIVE RADIO STATIC ON AM CHANNELS WHEN STOPPED AT IDLE**  
 CAUSE: NONE  
 N9995 CUSTOMER CONCERN NOT DUPLICATED  
 540 WPB4  
 FC: 9Z PART#: COUNT: 0  
 CLAIM TYPE:  
 AUTH CODE: B  
 NX

|       |                                                                                       |                |
|-------|---------------------------------------------------------------------------------------|----------------|
| (N/C) |    | <b>PONTIAC</b> |
|       |   | <b>BUICK</b>   |
| (N/C) |  | <b>GMC</b>     |

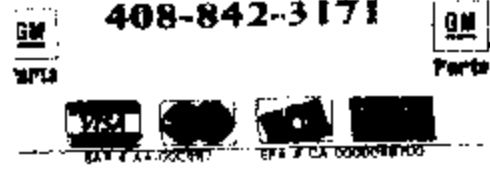
\* (Cash Invoices)  
 Parts and accessories provided by dealer are warranted for 12 months or 12,000 miles, whichever occurs first, from date of installation.  
 See User's Manual for details.  
 Parts and accessories sold over the counter are covered for 12 months from date of sale by dealer.

**SAVE**  
 ON SERVICE SPECIALS

Drive a little Save a lot  
**GILROY**  
 PONTIAC BUICK GMC

HOURS MONDAY - FRIDAY  
 SERVICE 7:30 AM - 5:30 PM  
 PARTS 8:00 AM - 5:00 PM

**408-842-3171**



| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

I hereby authorize the repair work herein set forth to be done along with the necessary materials and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or operation. An express disclaimer of liability is hereby acknowledged on above vehicle to waive the amount of repairs charge.

I HEREBY ACKNOWLEDGE RECEIPT OF A COPY HEREOF

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ON BEHALF OF SERVICE DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICE DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO MISFEASANCE OR NEGLIGENCE IN ANY WAY WITH ANY VEHICLE OR OTHERWISE THAT ANY PART, REPAIR OR REPLACEMENT UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR LOSS. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR 12 YEARS FROM THE DATE OF PAYMENT. NOTIFICATION AT THE SERVING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

|                                            |      |
|--------------------------------------------|------|
| DEALER, GENERAL MANAGER OR AUTHORIZED COPY | DATE |
|--------------------------------------------|------|