

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 119

Data Received

17-MAR-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

858716

 Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) _____ <small>(Listed at front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B3BP48J6KN691700	DODGE	SHADOW	1989	

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 checked="" type="checkbox"/> New <input 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 03260000 03270000	Part Name(s) BRAKES:HYDRAULIC:SHOE AND DRUM SYSTEM BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION INCIDENT INFORMATION

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

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

REAR BRAKE CARRIER NEEDS REPLACING WHICH IS CAUSING THE BRAKES TO BE INOPERATIVE. ALSO, CONSUMER NOTICED EXCESSIVE WEAR OF THE FRONT BRAKES. CONSUMER CONTACTED DEALER. DEALER INDICATED A TSB FOR THE SAME PROBLEM. BUT, DEALER REFUSED TO CORRECT THE PROBLEM. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK PLEASE

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



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Date Rec'd: 00 APR -5 PM 2:17
 OFFICE: EFFECTS INVESTIG
 Reference No. 858716

Work Number: [Redacted]
 Home Number: [Redacted]

OWNER INFORMATION (Type or Print)
 597064

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of a signature, please print the name and address to the vehicle manufacturer.

Signature of Owner: [Redacted]
 Date: 3/27/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 1B3BP48J6KN691700
 Vehicle Make: DODGE
 Vehicle Model: SHADOW
 Vehicle Year: 1989
 Current Odometer Reading: 93826

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 03260000 BRAKES:HYDRAULIC:SHOE AND DRUM SYSTEM
 03270000 BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM

Part Name(s): Location: Front Left Right Rear Replaced Part(s): Original Replacement

Transmission Type: Automatic Manual
 Antilock Brakes: Yes No
 Restraint System: 3-Point Belt Motorbelt 2-Point Belt Driverside Airbag Passengerside Airbag

Cruise Control: Yes No
 Drive Train: Front Rear 4-Wheel

Vehicle Type: Car Van Truck Motorcycle Other
 Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

Engine Size (CID/CCL): No Cylinders: _____
 Turbo Diesel Gas Fuel Injection

City: _____ State: _____ Zip Code: _____
 Dealer's Name: _____
 Purchase Date: 12-12-90
 New Used

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 03260000 BRAKES:HYDRAULIC:SHOE AND DRUM SYSTEM
 03270000 BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM

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Vehicle Type: Car Van Truck Motorcycle Other
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Engine Size (CID/CCL): No Cylinders: _____
 Turbo Diesel Gas Fuel Injection

City: _____ State: _____ Zip Code: _____
 Dealer's Name: _____
 Purchase Date: 12-12-90
 New Used

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

No. of Failures: _____
 Date(s) of Failure(s): _____
 Mileage at Failure(s): _____
 Vehicle Speed at Failure(s): _____

Failed Part(s) Available? Yes No
 NHTSA Previously Contacted? Yes No

Crash: Yes No
 Fire: Yes No
 Number of Persons Injured: None
 Number of Fatalities: None
 Estimated Property Damage: None
 Reported to Police: Yes No

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

REAR BRAKE CARRIER NEEDS REPLACING WHICH IS CAUSING THE BRAKES TO BE INOPERATIVE. ALSO, CONSUMER NOTICED EXCESSIVE WEAR OF THE FRONT BRAKES. CONSUMER CONTACTED DEALER. DEALER INDICATED A TSB FOR THE SAME PROBLEM. BUT, DEALER REFUSED TO CORRECT THE PROBLEM. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUE ON BACK IF NEEDED

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INVOICE 780239

Corporate Owned Locations

1001 RIVERVIEW DR. KALAMAZOO, MI 49001 (616) 342-2151 REPAIR FAC. NO. F-124732	6102 S. WHEATBROOK PORTAGE, MI 49082 (616) 323-0594 REPAIR FAC. NO. F-102375	4162 G. DANBROOK AVE. NINTWOOD, MI 49649 (616) 358-8989 REPAIR FAC. NO. F-133072	1222 LEONARD N.W. GRAND RAPIDS, MI 49504-2004 (616) 451-1100 REPAIR FAC. NO. F-145521	1540 NORTH LANDY STREET LANSING, MI 48208-4111 (313) 379-3700 REPAIR FAC. NO. F-145522
402 28TH ST. S.E. GRAND RAPIDS, MI 49508 (616) 343-4314 REPAIR FAC. NO. F-127240	1288 W. COLUMBIA BATTLE CREEK, MI 49801 (616) 965-1244 REPAIR FAC. NO. F-112243	4523 28TH ST. S.E. GRAND RAPIDS, MI 49512 (616) 940-3485 REPAIR FAC. NO. F-137187	1896 SOUTH M-109 BENTON HARBOR, MI 49022 (616) 825-8080 REPAIR FAC. NO. F-147304	
3690 PLAINFIELD, N.E. KALAMAZOO, MI 49005 (616) 342-1188 REPAIR FAC. NO. F-125724	2301 STADIUM DR. KALAMAZOO, MI 49008 (616) 349-1188 REPAIR FAC. NO. F-114845	7125 MAIN ST. JENISON, MI 49428 (616) 437-1111 REPAIR FAC. NO. F-132847	847 E. 24TH ST. HOLLAND, MI 49423 (616) 256-9047 REPAIR FAC. NO. F-148888	
3980 BYRON CENTER AVE. WYOMING, MI 49089 (616) 520-3519 REPAIR FAC. NO. F-124739	2201 SPANGLER RD. KALAMAZOO, MI 49001 (616) 349-8810 REPAIR FAC. NO. F-114845	4411 ALPINE N.W. COMSTOCK PARK, MI 49321-9707 (616) 784-4422 REPAIR FAC. NO. F-144228	5026 E. MARTIN LUTHER KING JR. BLVD. LANSING, MI 48210-0189 (313) 284-4141 REPAIR FAC. NO. F-145523	

DATE: 03-25-00 TIME: 11:40:37 PHONE 1: 219-259-8984 PHONE 2: 219
 MAKE/MODEL/YEAR: DODGE SHADOW 89 FACILITY #: F005599105
 VIN #: [REDACTED] ESTIMATE #: 032500008 INVOICE #: 780239 SALESPERSON: 103
 FOREIGN: TRANSFER: CHARGE: ACCT #: P.O. #
 INSTALLER NAME: STEVE McDowell INSTALLER # [REDACTED]
 INSTALLER NAME: B:105:DAVID, C INSTALLER # [REDACTED]
 CASH: 0.00 CHECK: 0.00 CARD: 0.00 AMOUNT: 0.00
 CASH: 0.00 CHECK: 0.00 CARD: 0.00 AMOUNT: 0.00

Qty	Part Number	Description	Cl	Pr. Each	Sel. Prc	Ext. Amt
2	CUSTOM	- REAR CALIPER ADAPTER ASSEM	D	200.00	200.00	560.00 R
1	LABOR	RRR ASSEMBLYS	LR	120.00	120.00	120.00 R
				Total Parts		560.00
				Total Labor		120.00
				Total Tax		20.00
				Grand Total		700.00

IN. SALES: 20.00
 Tax: 0.00

Additional Lentz USA Locations

801 MARKET STREET LOGANSPORT, IN 46047 (219) 722-6677	2906 AIRPORT RD JACKSON, MI 48212 (313) 780-5700 REPAIR FAC. NO. F-144484
1001 E. 48-223 AURORA, MI 48221 (517) 265-8914 REPAIR FAC. NO. F-137358	84360 W. HURON RIVER DR. BELLEVILLE, MI 48111 (734) 484-1000 REPAIR FAC. NO. F-140088
3670 NORTH US-11 SOUTH TRAVERSE CITY, MI 49684 (616) 935-1717 REPAIR FAC. NO. F-144295	HICKORY 321 350 HERRIN HIGHWAY 321 HICKORY, NC 28601 (828) 327-0080
3011 N. GRAPE MUSKOGEE, TN 38643 (219) 254-0070	2745 HENRY STREET - SUITE F MUSKOGEE, MI 48541 (810) 782-7573 REPAIR FAC. NO. F-149413
2418 PLAINFIELD RD. JOLIET, IL 60435 (815) 439-2900	

THANK YOU FOR STOPPING AT LENTZ
 HAVE A GREAT DAY!

Complete Exhausts
 Brakes
 Shocks
 MacPherson Struts
 Steering and Suspension
 and Many Others...



SERVICE MANAGER: _____

CERTIFICATION - All repairs and parts listed were furnished in compliance with Michigan Auto Repair Act P.A. 300.

Please refer to the reverse side of this invoice for your warranty information.