



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 436**

Data Received  <b>21-MAR-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. <b>858925</b>	

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

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small> <b>1G1BL52P1TR156234</b>	Vehicle Make <b>CHEVROLET</b>	Vehicle Model <b>IMPALA</b>	Vehicle Year <b>1996</b>	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

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

Component <b>11110000</b>	Part Name(s) <b>HEATER:WATER:DEFROSTER:DEFOGGER:HEATER CORE:WATER</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) <b>20-02-1999</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) _____		
	Vehicle Speed at Failure(s) _____		

**APPLICATION INCIDENT INFORMATION**

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

Crash <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)**

**HEAT DOESN'T WORK IN THE WINTER. HEATER CORE HAS TO BE FLUSHED EVERY WINTER BECAUSE OF BUILD UP. DEALER SAYS THAT THIS IS RARE, NEVER HEARD BEFORE OF THIS PROBLEM. \*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> <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY</b> 438 Date Received: <b>21-MAR-2000</b> 00 APR - 6 AM OFFICE DEFECTS INVESTIGATION Reference No. <b>868925</b> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print)			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized address to the vehicle manufacturer. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner _____ Date <u>3/1</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1G1BL52P17R166234	CHEVROLET	IMPALA	1996
Current Odometer Reading			
17,100			
Purchase Date	Dealer's Name	Engine Size (CID/CC)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
2-29-96	JUDGE CHEVY-OLDS	5.7Lr / 350	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>NIGHTSTOWN</u> State <u>NJ</u> Zip Code _____	No Cylinders <u>8</u>	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Lift <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 2-Door <input checked="" 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	Part Name(s)	Location	Failed Part(s)
11110000	HEATER:WATER:DEFROSTER:DEFOGGER:HEATER CORE:WATER	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
4	20-OCT-1999 - FEB-2000 Mileage at Failure(s) <u>15,000</u> <u>16,500</u> Vehicle Speed at Failure(s) _____ <i>See attached - 4 OCCURRENCES</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Estimated Property Damage	Reported to Police		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
HEAT DOESN'T WORK IN THE WINTER. HEATER CORE HAS TO BE FLUSHED EVERY WINTER BECAUSE OF BUILD UP. DEALER SAYS THAT THIS IS RARE, NEVER HEARD BEFORE OF THIS PROBLEM. *AK <i>Heater core clogging due to use of new extended life "Det-Cool". Some vehicles - 94495 - no changes in heating or cooling system that use conventional coolant have no problems →</i>			
CONTINUE ON BACK IF NEEDED			
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Fold to show Return Address (no stamp needed)

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D	O	T											MANUFACTURER/TIRE NAME	SIZE		

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

This is a safety concern due to defect operation & loss of heat in car -

Although dealer has flushed core twice and I have flushed core twice - they claim to have no knowledge of this problem or why it occurs.

Numerous owners of '96 Impala SS' have had this problem.

U.S. Government Printing Office: 1995 - 629-999

U.S. Department of Transportation  
National Highway Traffic Safety Administration

400 Seventh St., S.W.  
Washington, D.C. 20580

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Auto Safety Hotline, NEF-11 HL  
400 7th Street, SW  
Washington, DC 20590



CUSTOMER NO.  
7443

ADVISOR  
WILLIAM SHREIBEL 11513

CARD NO.  
374

INVOICE DATE  
01/07/99

INVOICE NO.  
EVCS907

LABOR RATE  
67.00

MILEAGE IN  
12100

COLOR  
MAROON/GRY

YEAR/MAKE/MODEL  
96/CHEVROLET/IMPALA/1D SEDAN

DELIVERY DATE

DELIVERY MILES

VEHICLE ID. NO.  
1 8 0 2 4 3 2 0 1 3 0 2 1

SELLING DEALER NO.

PRODUCTION DATE

P.T.E. NO.

P.O. NO.

R.O. DATE  
01/07/99

MILEAGE OUT  
12100

LABOR & PARTS  
J3 1 10CVZ

HEATING AND AIR WORK HOURS: 0.80 TECH(S):BOCO  
CUST STATES:HEATER NOT BLOWING HOT /BARELY BLOWING WARM  
HEATER CORE CLOGGED WITH DEXCOOL CRYSTALS FROM  
NON CIRCULATION  
FLUSH COOLING SYSTEM, REPLACE HEATED COOLANT  
J3510-.8/0J/1H

JOB # 1 TOTAL LABOR & PARTS

TOTALS

\*\*\*\*\*  
\* CHARGE (A/R)  CREDIT CARD  \*  
\* CHECK  CASH  \*  
\* OTHER  PENDING  \*  
\* AMEX  DISCOVER  \*  
\* VISA/MC  GN CR CARD  \*  
\*\*\*\*\*

TOTAL LABOR....  
TOTAL PARTS....  
TOTAL SUBLET...  
TOTAL O.D.G....  
TOTAL MISC CHG.  
TOTAL MISC DISC  
TOTAL TAX.....

TOTAL INVOICE \*

" HELP US HELP YOU "  
IF YOU ARE COMPLETELY SATISFIED WITH OUR SERVICE PLEASE  
SEND YOUR C.S.I. SURVEY TO GENERAL MOTORS A.S.A.P.  
IF YOU ARE NOT COMPLETELY SATISFIED CALL ME JIM BARCHUK  
YOUR SERVICE DIRECTOR SO I CAN CORRECT ANY PROBLEM YOU MAY  
BE HAVING, I'M EASILY REACHED AT 732 671-6200.  
" ALL AMERICAN CHEVROLET IS YOUR COMPLETE SERVICE CENTER "

CUSTOMER SIGNATURE

**PERSONAL SERVICE PLEDGE**

*We have made a commitment to Quality Customer Service. We pledge to do our best to ensure your satisfaction with your vehicle, from pre-delivery through warranty and retail service. If you should experience difficulty with your vehicle, please let us know. We'll correct it to the best of our ability. If you are not completely satisfied, please call our Service Manager.*

ALL AMERICAN CHEVROLET, INC.  
1255 HIGHWAY 95  
MIDDLETOWN, NEW JERSEY 07748  
732-671-6200



"A member of the **HERTRICH** Family of Automobile Dealerships"



<b>HERTRICH</b> Chevrolet DODGE, INC. 1121 Shore Hwy. DENTON, MARYLAND 21029 Phone (410) 479-1134	<b>HERTRICH</b> Nissan/Jeep 1378 S. DuPont Hwy. DOVER, DELAWARE 19902 Phone (302) 678-4563	<b>HERTRICH</b> Pontiac-Buick-GMC TRUCK Route 13 South P.O. Box 770 SEAFORD, DELAWARE 19973 Phone (302) 628-9144	<b>Frederick</b> Ford / Mercury Inc. Route 13 South P.O. Box 1423 SEAFORD, DELAWARE 19973 Phone (302) 628-4563	<b>HERTRICH'S</b> of MILFORD, LTD Ford - Lincoln Mercury - Toyota 636 E. DuPont Blvd. MILFORD, DE 19968 Phone (302) 423-8071	<b>ALL AMERICAN</b> 1264 Highway 95 MIDDLETOWN, NJ 07748 Phone (908) 671-6200
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CUSTOMER NO. 7883	CONVEYOR CARMELO A GIBILISC 5732	CARD NO. 780	INVOICE DATE 01/29/99	REVISED EVC631245
	LABOR RATE ██████████	42580	WARRANTY/GRFY	STOCK NO
	98/CHEVROLET/IMPALA/1D SEDAN		DELIVERY DATE 02/29/96	DELIVERY MILES 28
	VIN: 152P1TR136234		SELLING DEALER NO.	PRODUCTION DATE
	DATE NO	PC NO.	DATE 01/29/99	
				MILEAGE 12380

<b>LABOR &amp; PARTS</b> JW 1 10CVZ HEATING AND AIR WORK HOURS: 1.00 TECH(S):8000 CUSTOMER STATES: NO HEAT BLOW WARM ONLY. FLUSHED HEATER CORE, ADDED NEW COOLANT TO SYSTEM.			INTERNAL
PARTS-----QTY-----FP-NUMBER JOB # 1 1 12346290	DESCRIPTION: COOLANT 8.800 0 CPO	LIST PRICE-UNIT PRICE- JOB # 1 TOTAL PARTS	INTERNAL 0.00
TOTALS-----			INTERNAL 0.00
***** * CHARGE (A/R) [ ] CREDIT CARD [ ] * * CHECK [ ] CASH [ ] * * OTHER [ ] PENDING [ ] * * AMEX [ ] DISCOVER [ ] * * VISA/MC [ ] GM CR CARD [ ] * *****			TOTAL LABOR.... 0.00 TOTAL PARTS.... 0.00 TOTAL SUB.T.... 0.00 TOTAL G.O.G.... 0.00 TOTAL MISC CHG. 0.00 TOTAL MISC DISC 0.00 TOTAL TAX..... 0.00
" HELP US HELP YOU " IF YOU ARE COMPLETELY SATISFIED WITH OUR SERVICE PLEASE SEND YOUR C.S.I. SURVEY TO GENERAL MOTORS A.S.A.P. IF YOU ARE NOT COMPLETELY SATISFIED CALL ME JON BARCHUK YOUR SERVICE DIRECTOR SO I CAN CORRECT ANY PROBLEM YOU MAY BE HAVING, I'M EASILY REACHED AT 732 671-6200. * ALL AMERICAN CHEVROLET IS YOUR COMPLETE SERVICE CENTER *			TOTAL INVOICE \$ 0.00

CUSTOMER SIGNATURE \*\*\*\*\* DUPLICATE INVOICE \*\*\*\*\*