



**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY 118**

Data Received  <b>23-MAR-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  <b>859076</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>1G6VR3187KU103156</b>	Vehicle Make <b>CADILLAC</b>	Vehicle Model <b>ALLANTE</b>	Vehicle Year <b>1989</b>	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" 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	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> Sport Ult 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 _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>03250000</b>	Par. Name(s) <b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</b>	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) <u>23-DEC-1997</u>	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) <u>50632</u>		
	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)**

**WHILE DRIVING DOWNHILL AT 55 MPH ABS WARNING LIGHT CAME ON. UPON APPLYING BRAKES, DRIVER HAD TO PUSH ON THE PEDAL REALLY HARD, AND PULL UP STEERING BEFORE VEHICLE WOULD STOP. VEHICLE WAS TAKEN TO DEALERHIP, WHERE THE ABS PUMP AND RELAY WERE REPLACED. PLEASE PROVIDE ANY FURTHER INFORMATION. \*AK**

CONTINUED ON BACK (11888)

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

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> #18</p> <p>Date Received: <b>RECEIVED</b> <b>23 APR 2000</b></p> <p>OFFICE OF DEFECTS INVESTIGATION</p>
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<b>OWNER INFORMATION (Type or Print)</b>	
[REDACTED]	598828
Work Number _____	
Home Number _____	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
in the absence of an authorization, NHTSA **WILL NOT** provide your name and address to the vehicle manufacturer.

Signature of Owner: \_\_\_\_\_ Date: 4/14/00

YES  NO

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G6VR3187KU103156	CADILLAC	ALLANTE	1989	

Purchase Date	Dealer's Name: <u>ROADCRAFT LEASING</u>	Engine Size (CID/CC/L): <u>4.5</u>	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City: <u>PEACHTREE CITY</u> State: <u>GA</u> Zip Code: <u>30269</u>	No. Cylinders: <u>8</u>	<input type="checkbox"/> Diesel
			<input checked="" type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<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 type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input 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 checked="" type="checkbox"/> Sport Utlit <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 <u>CONV</u>

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 03290008	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement

No of Failures	Date(s) of Failure(s): <u>23-DEC-1997</u>	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s): <u>58833</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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)**

**WHILE DRIVING DOWNHILL AT 55 MPH ABS WARNING LIGHT CAME ON. UPON APPLYING BRAKES, DRIVER HAD TO PUSH ON THE PEDAL REALLY HARD, AND PULL UP STEERING BEFORE VEHICLE WOULD STOP. VEHICLE WAS TAKEN TO DEALERHIP, WHERE THE ABS PUMP AND RELAY WERE REPLACED. PLEASE PROVIDE ANY FURTHER INFORMATION. \*AK**

CONTINUE ON BACK IF NEEDED

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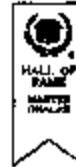
406406952

73990

Brown Bros. Cadillac, Inc.

FOURTH AND BROADWAY  
LOUISVILLE, KENTUCKY 40202  
(502) 583-9771  
FAX 586-3502

INVOICE



PAGE 1

IS:

SERVICE ADVISOR: 2133 ROBERT WOOLSEY

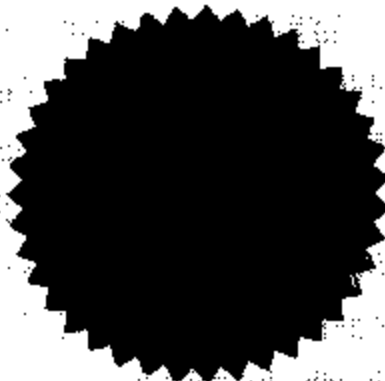
COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
RED	89	CADILLAC ALLANTE	1G6VR3187KU103156		58833/58833	T4293	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PG NO.	RATE	PAYMENT	INV. DATE
01JAN89			09:54 23DEC97		0.00	CASH	24DEC97

R.O. OPENED	READY	OPTIONS:
14:36 22DEC97	10:23 24DEC97	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	C/S		ANTI LOCK BRAKE LIGHT IS ON				
			22 BRAKES REPAIR/REPLACE				
			436 C3 3.50		252.00	252.00	252.00
			1 12377967 FLUID		9.92	9.92	9.92
			1 1642472 PUMP ASM		290.00	290.00	290.00
			1 1636972 RELAY ASM		48.18	48.18	48.18

58833 NO CODES IN SYSTEM, PERFORM ABS FUNCTIONAL TEST 3.5 HRS. QUOTED & FOUND ABS PUMP NOT WORKING, REPLACE PUMP & RELAY & BLEED SYSTEM, TEST DRIVE TO VERIFY PROPER ABS OPERATION

CUSTOMER PAY EPA/SHOP CHARGES FOR THIS REPAIR FOR REPAIR ORDER 20.00



DEC 23 1997

CK

We have found it is not practical to itemize the many miscellaneous supplies used on each repair. To do so would considerably add to our costs and labor charges. A standard charge for supplies and materials is made on each repair order. The amount of this charge will be 9% of the total labor charge (maximum of \$20.00). This will be shown in the Misc. Charges total. Experience has shown that our average charge covers the barest minimum of these items resulting in savings to our customers. BROWN BROS. CADILLAC, Inc.	Miscellaneous Materials Regularly Consumed in Our Shop Production. Minor Hardware (Bolts, Nuts, Washers, etc.) Protective Materials (Goggles, Gloves, Covers, etc.) Gasket Materials Lubricants Special Adhesives-Compound Gasket Sealer Compound Bits & Blades Oxygen Polishing Discs Acetylene Molino Cloth Creak Cord Solvents Taps	<b>STATEMENT OF DISCLAIMER</b> The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to warrant for it any liability in connection with the sale of this item/items.	<b>DESCRIPTION</b> LABOR AMOUNT PARTS AMOUNT GAS, OIL, LUBE SUBLET AMOUNT MISC. CHARGES TOTAL CHARGES LESS INSURANCE SALES TAX PLEASE PAY	<b>TOTALS</b> 252.00 348.10 0.00 0.00 20.00 620.10 0.00 20.89
		CUSTOMER SIGNATURE		