

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 335

Date Received

27-MAR-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

859238

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 |
| 2MELM75W6RX652660 | FORD | GRAND MARQUI | 1995 | |

| | | | |
|---|---------------------------------------|------------------------------|--|
| 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 checked="" type="checkbox"/> Yes <input 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 05100000 | Part Name(s) ENGINE | 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 |
|-----------------------|------------------------|--|---|

| | | | |
|----------------------|---|---|---|
| No. of Failures 0 | Date(s) of Failure(s) 25-JAN-2000 Mileage at Failure(s) 57000 Vehicle Speed at Failure(s) 0 | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 0 | Number of Fatalities 0 | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--------------------------------|---------------------------|---------------------------|---|

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

CAR WOULD NOT START. CONSUMER HAD TO TOW IT TO GOODYEAR, AND THEY SAID IT WAS THE ENGINE. TOOK TO VEHICLE TO DEALER, AND THEY WOULD NOT FIX IT. *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.

| | | | |
|---|--|---|---|
|  DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline | | FOR AGENCY USE ONLY 335 APR 15 AM 10:32 27-MAR-2000 OFFICE OF DEFECTS INVESTIGATION | |
| OWNER INFORMATION (Type or Print) | | Reference No. 859238 | |
| [Redacted] 599245 | | Work Number Home [Redacted] | |
| 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 [Redacted] | | Date 4/6/2000 | |
| VEHICLE INFORMATION | | | |
| Vehicle Ident. No. (VIN) (optional - best of windshield on driver's side) ZMELM75W6RX552650 | Vehicle make FORD | Vehicle Model GRAND MARQUI | Vehicle Year 1995 |
| Current Odometer Reading 57000 miles | | Purchase Date 11/28/94 | |
| Dealer's Name Lehellings | | Engine Size (CID/CC/L) | |
| City Memphis State Tenn Zip Code 38103 | | No. Cylinders V8 | |
| Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" 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 checked="" type="checkbox"/> 4-Wheel | | Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | |
| Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other | | Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection | |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
| Component 65100000 | Part Name(s) ENGINE | Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures 0 | Date(s) of Failure(s) 25-JAN-2000 Mileage at Failure(s) 57000 Vehicle Speed at Failure(s) 0 | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 0 | Number of Fatalities 0 |
| Estimated Property Damage | | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) | | | |
| CAR WOULD NOT START. CONSUMER HAD TO TOW IT TO GOODYEAR, AND THEY SAID IT WAS THE ENGINE. TOOK TO VEHICLE TO DEALER, AND THEY WOULD NOT FIX IT. *AK | | | |
| 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 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. | | | |

SCHILLING

LINCOLN/MERCURY

987 Union Avenue
Memphis, TN
(901) 575-3200

| | | | | | |
|-----------------------|---|-------------|----------------|---------------------------|----------------------------|
| CUSTOMER NO. 30850 | ADVISOR STEPHEN D. KINE | 9709 | HA# NO. | INVOICE DATE 11/30/94 | INVOICE NO. |
| | LABOR RATE 45.00 | LICENSE NO. | MILEAGE 148 | COLOR SILVER/AMT WHI | STOCK NO. |
| | YEAR / MAKE / MODEL 94 / MERCURY / GRAN MARQUIS / 409 LS | | | DELIVERY DATE 11/28/94 | DELIVERY MILES |
| | VEHICLE ID. NO. 2HELE75W6RX632460 | | | SELLING DEALER NO. | PRODUCTION DATE 01/4/94 |
| | F.T.E. NO. | | F.O. NO. | R.O. DATE 11/30/94 | |
| BUSINESS PHONE | | | | | |

| | | | | | |
|---------------|------------------|---|-------|-----------------------------|------|
| LABOR & PARTS | JOB # 1 BELTZ/SC | LEO PURCHASE | HOURS | TECH(S): 97109 | 0.00 |
| | | PURCHASE LIFETIME SERVICE CLUB MEMBERSHIP | | | |
| | | CARD#0033 | | JOB # 1 TOTAL LABOR & PARTS | 0.00 |

| | | | |
|--------------------------|-------|-------------|------|
| TECHNICIAN CERTIFICATION | 97109 | BILL AUSTIN | 9771 |
|--------------------------|-------|-------------|------|

| | | | |
|----------|-------|--------|----------------|
| TOTALS | | | |
| CONTROL# | ACCT# | AMOUNT | |
| | 2311 | 0.00 | |
| | | | TOTAL LABOR |
| | | | 0.00 |
| | | | TOTAL PARTS |
| | | | 0.00 |
| | | | TOTAL SUPPLIES |
| | | | 0.00 |
| | | | TOTAL MISC |
| | | | 0.00 |
| | | | TOTAL TAXES |
| | | | 0.00 |
| | | | TOTAL INVOICE |
| | | | 0.00 |

APPROVED BY SIGNATURE

[Faint signature and stamp area]

BRYANT TIRE & APPLIANCE, INC.

320 AUSTIN FLOYD HWY
MEMPHIS, TN 38128
(901) 388-2523



INVOICE
076246

PAGE: 01

01/25/00 01/25/00
11:40 AM 12:05 PM
YEAR: 1578
NONSIG: 901578

BILL [REDACTED]

PHONE 1..... (901)385-3920
PHONE 2.....
DATE REQUESTED 01/25/00
TIME REQUESTED
RETURN PARTS.. NO
SALESMAN..... 002 / 002

VEH YEAR/MAKE. 94 MERCY
VEHICLE MODEL. GRAND MARQUIS
VEHICLE COLOR.
LICENSE/STATE.
ODOMETR IN/OUT 57518 / 57518
CHECK #/AUTH.. 3305 / 187572

ACCOUNT # 002 TC CUST# TYPE/STATE PAYMENT METHOD
137800001 2 01 02184 0 TN CHECK

| SLS# | TECH | PRODUCT CODE | BC | QTY | DESCRIPTION | PARTS | LBR/EXCISE | LINE TOTAL |
|------|------|--------------|----|-----|--|-------|------------|------------|
| 002 | 007 | 046-154 | R | 1 | TOWING | .00 | 45.00 | 45.00 |
| 002 | 007 | 047-100 | R | 1 | WILL NOT START | .00 | .50 | .00 |
| 002 | 007 | 046-832 | R | 1 | SHOP SUPPLIES SEALERS, CLEANERS, LUBRICANTS, FLUIDS, COTTER PIN, NUTS, BOLTS, AND OTHER MISCELLANEOUS ITEMS OF LITTLE VALUE AND SMALL AMOUNTS. | .00 | .00 | .00 |

WE APPRECIATE YOUR BUSINESS. WE EMPLOY ASE CERTIFIED MECHANICS. WE SERVICE ALL NATIONAL ACCT VENDORS.
IF ANY PROBLEMS ARISE, CALL CHUCK OR GEORGE. THANKS.

*-----
CUSTOMER AUTHORIZATION FOR TOTAL

CHECK AMOUNT..... 48.71
TAXABLE AMOUNT 45.00
PARTS TOTAL..... .00
LABOR TOTAL..... 45.00
SUB TOTAL..... 45.00
SALES TAX..... 3.71

INVOICE TOTAL \$48.71

SEE REVERSE SIDE FOR IMPORTANT SAFETY WARNING AND MAINTENANCE INFORMATION

CUSTOMER ASSISTANCE LINE
1-800-321-2738