

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

06-APR-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

859802

 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>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GMDX03E3VD154105	PONTIAC TRUCK	TRANS SPORT	1997	

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 checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03261000	Part Name(s) BRAKES:HYDRAULIC:SHOE AND DRUM WHEEL CYLINDERS	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 0	Date(s) of Failure(s) 05-APR-2000 Mileage at Failure(s) 5794E 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
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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 0	Number of Fatalities 0	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)

BRAKE FLUID WAS LEAKING ONTO BRAKE LINING. IF LEAK DEVELOPED ANY MORE CONSUMER COULD LOSE ALL BRAKING POWER. TOOK VEHICLE TO DEALER, AND BOTH REAR WHEEL BRAKE CYLINDERS HAD FAILED, AND WERE REPLACED. *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.



Vehicle Owner's Questionnaire (VOQ)

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OWNER INFORMATION (Type or Print)

601358

Work Number

Home

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

Signature of Owner
 [Redacted Signature] Date of 4/15/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1GMDX03E3VD154105

Vehicle Make PONTIAC TRUCK

Vehicle Model TRANS SPORT

Vehicle Year 1997

Current Odometer Reading 57,960

Purchase Date 3/10/97
 New Used

Dealers Name PAXTON MOTORS
 City NEW CASTLE State PA Zip Code 16105

Engine Size 3.4L
 No Cylinders 6
 Turbo Diesel Gas Fuel Injection

Transmission Type Automatic Manual
 Antilock Brakes Yes No
 Restraint System 3-Point Belt Motorized
 Driver's Side Airbag 2-Point Belt
 Passenger Side Airbag
 Cruise Control Yes No
 Drive Train Front Rear 4-Wheel
 Vehicle Type Car Van Minivan Other
 Truck Motorcycle
 Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION
 Component 03261000
 Part Name(s) BRAKES:HYDRAULIC:SHOE AND DRUM WHEEL CYLINDERS
 Location Left Front Rear
 Right Original Replacement
 Failed Part(s)

No of Failures 0
 Date(s) of Failure(s) 05-APR-2000
 Mileage at Failure(s) 57945
 Vehicle Speed at Failure(s) 0
 Failed Part(s) Available? Yes No
 NHTSA Previously Contacted? Yes 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 Yes No
 Fire Yes No
 Number of Persons Injured 0
 Number of Failures 0
 Estimated Property Damage
 Reported to Police Yes No

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

**BRAKE FLUID WAS LEAKING ONTO BRAKE LINING, IF LEAK DEVELOPED ANY MORE CONSUMER
 COULD LOSE ALL BRAKING POWER, TOOK VEHICLE TO DEALER, AND BOTH REAR WHEEL BRAKE
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CONTINUE ON BACK IF NEEDED

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18134

4 5 6 8 4

PRESTON MOTORS, INC.

1500 W.ilmington Ave.
NEW CASTLE, PENNSYLVANIA 16105
Tel: (724) 658-6500

INVOICE

PAGE 1

SERVICE ADVISOR: 1373 JACK STONER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	97	PONTIAC TRANSPORT	1GMDX03E3VD154105	ACN4848	57945/57945	T184	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
10MAR1997			17:00 05APR00		0.00	CASH	05APR2000

R.O. OPENED	READY	OPTIONS: 2)K:17499 2)TRANS=AFWD 3)BODY=SE EXT 4)FUSL=G 5)# CYL=6 7)PA 8)0498 9)0000							
08:17 05APR00	14:18 05APR00	LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL

A PA STATE INSPECTION									
SI PA STATE INSPECTION									
3022 CGM							15.95		15.95

B PA REPLACE REAR WHEEL CYLINDERS									
4 REPLACE BOTH REAR WHEEL CYLINDERS									
3022 CGM							123.20		123.20
2 RW155206 CYLINDER							63.24	63.24	126.48
1 1237967 FLUID							6.20	6.20	6.20

PAID
4-500

ON BEHALF OF SERVICING DEALER, I 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 MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR 111 YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

DATE: _____ DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

STATEMENT OF DISCLAIMER
The factory warranty constitutes all of the warranties with respect to the sale of this item. 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 assume for any liability in connection with the sale of this item.

CUSTOMER SIGNATURE _____

DESCRIPTION	TOTALS
LABOR AMOUNT	139.15
PARTS AMOUNT	132.68
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	271.83
LESS INSURANCE	0.00
SALES TAX	16.31
PLEASE PAY THIS AMOUNT	288.14

CUSTOMER COPY