


DOT Auto Safety Hotline		FOR AGENCY USE ONLY 241	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted]		Date Received 13-APR-2000 CIVIL RIGHTS INVESTIGATION	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____
603102		Reference No. 860325	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Work Number _____	
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Home Number [Redacted]	
Signature of Owner [Redacted]		Date 04/25/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1GEBT52PXSR404196	BUICK	ROADMASTER	1995
Current Odometer Reading		20462	
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo
09-26-94	TURAN-FOLEY, BUICK		<input type="checkbox"/> Diesel
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City SUFPORT State MS Zip Code 3	No Cylinders 5	<input type="checkbox"/> Gas
<input checked="" type="checkbox"/> Fuel Injection			
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 checked="" 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"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	<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	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 08100000	Part Name(s) ENGINE	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 104	Date(s) of Failure(s) 01-JAN-2000 Mileage at Failure(s) 20400 Vehicle Speed at Failure(s) 10 TO 70	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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	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)			
ONGOING / INTERMITTENT PROBLEM WITH ENGINE STALLING. DEALER NOTIFIED, AND INFORMED CONSUMER THAT THE PROBLEM WAS DUE TO A DEFECT IN THE REMOTE JUMP STARTING TERMINAL, AND REPAIRS WOULD BE DONE AT CONSUMER COST. *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.			

JIM ROBINSON PONTIAC-BUICK-GMC, INC.



2726 DENNY AVE. - P.O. BOX 1048
 PASCAGOULA, MS 39567
 (228) 762-2233



CUSTOMER NO. 11368	ADVISOR BERNARD DUBUISSON 6118	TAG NO. 3847	INVOICE DATE 04/19/00	INVOICE NO. BUCS11345
	LICENSE NO. 5AHT080	MILEAGE 20849	COLOR GREEN	STOCK NO.
	YEAR/MAKE/MODEL 95/BUICK/ROADMASTER/4 DOOR SEDAN		DELIVERY DATE 08/26/94	DELIVERY MILES 0
	VEHICLE ID. NO. 1G4BT52PXR404196		SELLING DEALER NO.	PRODUCTION DATE
	P. T. E. NO.	P. O. NO.	R. D. DATE 04/19/00	MO: 20849
BUSINESS PHONE	COMMENTS			

LABOR	ELECTRICAL BODY WORK HOURS: 1.00 TECH(S): 6107	52.00
J# 1 50PNZ	REMOTE JUMP OF TERMINAL LOOSE FALLING OFF CUST. WANTS REPLA	
	CEB	
	REPLACED UNDER HOOD FUSE RELAY CENTER STUD	
	TOTAL - LABOR	52.00
PARTS	CONNECTOR 2.530	13.03
JOB # 1	QTY 1	FP NUMBER 12176639
	DESCRPTION	UNIT PRICE
		13.03
	TOTAL - PARTS	13.03
MISC	SS SHOP SUPPLIES	2.60
JOB # A	CODE	CONTROL NO.
		2.60
	TOTAL - MISC	2.60
TOTALS		
	TOTAL LABOR	52.00
	TOTAL PARTS	13.03
	TOTAL SUBLET	0.00
	TOTAL G.O.G.	0.00
	TOTAL MISC CHG.	2.60
	TOTAL MISC DISC	0.00
	TOTAL TAX	4.73
	TOTAL INVOICE \$	72.36

THANKS FOR BRINGING YOUR VEHICLE TO US FOR REPAIRS. OUR HIGHEST PRIORITY IS TO COMPLETE ALL WORK CORRECTLY. IF AFTER DRIVING YOUR VEHICLE, YOU ARE NOT COMPLETELY SATISFIED WITH THE REPAIR WORK WE PERFORMED, PLEASE CALL WAYNE IMMEDIATELY AT 228-762-2233. WE WANT TO MAKE IT RIGHT. YOUR SATISFACTION IS OUR GREATEST CONCERN.

CUSTOMER SIGNATURE

DISCLAIMER OF WARRANTIES

All expressed warranties, if any, by a manufacturer or supplier are theirs, not the seller, JIM ROBINSON PONTIAC-BUICK-GMC, INC. unless otherwise provided in writing and furnished to the buyer by the seller, JIM ROBINSON PONTIAC-BUICK-GMC, INC. Mississippi's Implied Warranty Law may give the buyer additional rights. I understand and accept the warranty covering Service Parts, which is 12 months or 12,000 miles, whichever occurs first, and that this is a limited warranty.

AUTHORIZATION TO REPAIR

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, high ways or elsewhere for the purpose of testing and/or inspection. A express mechanic's lien is hereby acknowledged on above vehicle I secure the amount of repair thereto. I authorize you to retain possession of the vehicle if I repairs listed hereon are not pe for.

X
 CUSTOMER SIGNATURE
 11:16:27

TOP COPY-REPAIRMENT BOTTOM COPY-CUSTOMER

1. AGREE TO PAY ABOVE TOTAL DEDUCTIBLE
 ACCORDING TO THE TERMS AGREEMENT
 (TERMINAL AGREEMENT IF CREDIT WORKSHEET)

REF NO: 91258884
 INTR ID: 000001
 TRSN TYPE: SALE
 ACCOUNT #
 372269427040000
 EXE 1002
 TOTAL 72.36

DATE 04/19/00 TIME 10:45

BY MICHAEL ROTON
 0419 09:59
 PASCAGOULA, MS 39567
 000111700

DATE 04/19/00 TIME 10:45