



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 119

Data Received 18-APR-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 860485	

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>(located at front of windshield or drivers side)</small>	Vehicle Make OLDSMOBILE	Vehicle Model INTRIGUE	Vehicle Year 1998	Current Odometer Reading
---	-----------------------------------	----------------------------------	-----------------------------	--------------------------

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input 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 checked="" 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 _____
---	---	---	--	--	--	---

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	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	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	---------------------------	---

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

WHEN DRIVING AT 30 MPH VEHICLE LOSES ALL POWER ,CAUSING VEHICLE TO COME TO A COMPLETE STOP, AND VEHICLE WOULD NOT GO INTO GEAR. CONSUMER CONTACTED DEALER., DEALER LINKED THE PROBLEM TO THE TRANSMISSION. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK (119) (11)

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.



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 119

Data Received
18-APR-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.
860485

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>(located at front of windshield or drivers side)</small>	Vehicle Make OLDSMOBILE	Vehicle Model INTRIGUE	Vehicle Year 1998	Current Odometer Reading
---	-----------------------------------	----------------------------------	-----------------------------	--------------------------

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 <input type="checkbox"/> Manual <input checked="" 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 _____
---	---	---	--	--	--	---

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	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	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	---------------------------	---

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

WHEN DRIVING AT 30 MPH VEHICLE LOSES ALL POWER ,CAUSING VEHICLE TO COME TO A COMPLETE STOP, AND VEHICLE WOULD NOT GO INTO GEAR. CONSUMER CONTACTED DEALER., DEALER LINKED THE PROBLEM TO THE TRANSMISSION. PLEASE PROVIDE ANY FURTHER DETAILS. *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.



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 119

RECEIVED

CO MAY 17 10 40 AM '00

OFFICE
SECURITY INVESTIGATION

Od_or
rt_dt
od_rt
up_itr

Reference No.
860485

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Work Number
Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 4/29/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) Vehicle Make Vehicle Model Vehicle Year Current Odometer Reading
1E3WH52K2WF321249 NOT AVAILABLE OLDSMOBILE INTRIGUE 1998 27,043

Purchase Date Dealer's Name FARRIS OLDSMOBILE Engine Size (CID/CC/L) 3.6 Turbo Diesel Gas Fuel Injection
 New Used City FAIRFAX State VA Zip Code 22031 No Cylinders

Transmission Type Antilock Brakes Restraint System Cruise Control Drive Train Vehicle Type Body Style
 Manual Yes 3-Point Belt Motorbelt Yes Front Car Sport Util 2-Door
 Automatic No Driverside Airbag 2-Point Belt No Rear Truck 4-Door
 Passengerside Airbag 4-Wheel Other Motorcycle Stationwagon
 Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000 Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC Location Left Right Front Rear Failed Part(s) Original Replacement
(see dealer's invoice for other parts)

No. of Failures Date(s) of Failure(s) 3/12/2000 Mileage at Failure(s) 25485 Vehicle Speed at Failure(s) 30 miles 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 Number of Fatalities Estimated Property Damage Reported to Police Yes No

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

WHEN DRIVING AT 30 MPH VEHICLE LOSES ALL POWER ,CAUSING VEHICLE TO COME TO A COMPLETE STOP, AND VEHICLE WOULD NOT GO INTO GEAR. CONSUMER CONTACTED DEALER., DEALER LINKED THE PROBLEM TO THE TRANSMISSION. PLEASE PROVIDE ANY FURTHER DETAILS. *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 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.

Fitzgerald AUTO MALLS



LANEFORST OLDSMOBILE, INC. SINCE 1966

905 N. Frederick Ave. GAITHERSBURG, MD 20879
(301) 670-4800 800-670-4801



Visit us at our website: www.fitzgeraldautomalls.com

FORMER NO. 27171	ADVISOR JAMES L SHULTZ 965	TAG NO. 5797	INVOICE DATE 03/18/00	INVOICE NO. OLCS71505
	LABOR RATE	LICENSE NO. 1	COLOR RED	STOCK NO.
		MILEAGE 25456	DELIVERY DATE 11/04/97	DELIVERY MILES
	YEAR / MAKE / MODEL 88/OLDSMOBILE/INTRIGUE		SELLING DEALER NO.	PRODUCTION DATE
	VEHICLE ID. NO. 1G3WH52K2WF321248		P.O. DATE 03/13/00	
	P.T.E. NO.		P.O. NO.	
COMMENTS MD: 25481				

LABOR & PARTS

1 210LZ TRANSMISSION UNITS: TECH(S): RD00
 CUSTOMER STATES TRANSMISSION CEASE WHILE DRIVING, DOES NOT DRIVE
 INTERNAL HARD PART FAILURE
 REPLACED TRANSMISSION ASSEMBLY

WARRANTY

FOR YOUR INFORMATION AND ACKNOWLEDGEMENT:

TERMS: CASH ON DELIVERY
 Prices are based on flat rate manual unless specified otherwise. Mechanical check out time on vehicles will be a maximum of one half hour at the current hourly rate if work is declined on vehicle.

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	24210743	TRANS REM 4.003	
JOB # 1	-1	24210743	CORE RETURN	
JOB # 1	4	12346143	ATF - QT 8.800	
JOB # 1	3	20664092	RETAINER 1.276	

WARRANTY
 WARRANTY
 WARRANTY
 WARRANTY
 0.00

JOB # 1 TOTAL PARTS 0.00
 JOB # 1 TOTAL LABOR & PARTS 0.00

Environmental & Materials: A charge equivalent to 10% of total repair order charges up to \$24.95 is included for environmental and disposal and materials used on your vehicle. Applicable supply items are nuts, bolts, washers, pins, aero sprays, solvent, battery cleaners, wheel weights etc.

COMMENTS
 LIGHT DROP

LIMITED EXPRESS-WARRANTY. 90 DAYS OR 4000 MILES WHICHEVER OCCURS FIRST. ALL ADJUSTMENT WORK MUST BE PERFORMED AT ONLY THIS LOCATION.

TOTALS

IN ADDITION TO THE WRITTEN WARRANTY, MANUFACTURER WARRANTIES THROUGH ITS DEALERS MOST MANUFACTURER PARTS AND ACCESSORIES FOR A PERIOD OF 12 MONTHS OR 12,000 MILES, WHICHEVER OCCURS FIRST THIS WARRANTY DOES NOT COVER THE REIMBURSEMENT OF LABOR COSTS ON ANY OVER-THE-COUNTER PARTS SALE. PLEASE SEE DEALER FOR A COPY OF THE TERMS AND CONDITIONS OF THIS WARRANTY.

CUSTOMER PAYMENT:	TOTAL LABOR	0.00
() Cash	TOTAL PARTS	0.00
() Charge	TOTAL SUBLET	0.00
Cashier Signature	TOTAL G.O.G.	0.00
Payment Date	TOTAL MISC CHG.	0.00
	TOTAL MISC DISC	0.00
	TOTAL TAX	0.00
	TOTAL INVOICE \$	0.00

CUSTOMER CALLED BY: DATE: TIME:

UNLESS OTHERWISE SPECIFIED, LABOR TIME BILLED IS FLAT RATE TIME ESTIMATED FOR EACH JOB IN INDUSTRY MANUALS AND NOT ACTUAL TIME SPENT.

UNLESS OTHERWISE SPECIFIED, LABOR TIME BILLED IS FLAT RATE TIME ESTIMATED FOR EACH JOB IN INDUSTRY MANUALS AND NOT ACTUAL TIME SPENT.

CUSTOMER SIGNATURE

X
 CUSTOMER'S SIGNATURE
 NO CLAIMS WITHOUT THIS INVOICE
 THANK YOU

CUSTOMER PAYMENT
 () CASH () CHECK NO
 () CHARGE () CREDIT CARD

CASHIER SIGNATURE *MK*
 PAYMENT DATE 3/16/00

CUSTOMER CALLED BY
 DATE TIME