

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 241

Date Received

18-APR-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

860527

 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
1G6KY5495YU177285	CADILLAC	SEVILLE	2000	

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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <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 09002000	Part Name(s) LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS	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
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No. of Failures	Date(s) of Failure(s) 15-JAN-2000 Mileage at Failure(s) 1000 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
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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	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)

VEHICLE HEAD LIGHTS ON HIGH BEAM CAUSES A SHADOW APPROX. 60 DEGREE AT A ANGLE FROM THE HOOD; WHICH CAUSES POOR VISIBILITY FOR THE DRIVER. DEALER NOTIFIED AND HAVE INSEPECTED THE HEAD LIGHT AND FOUNDED IT MEET VEHICLE SPECIFICATION AND INFORMED THAT NOTHING ELSE CAN BE DONE. PROVIDE FURTHER DETAILS:

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.



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Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

860527

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
1G6KY5495YU177285	CADILLAC	SEVILLE	2000	

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 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"/> Motorbelt <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 _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle	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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09002000	Part Name(s) LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS	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) 15-JAN-2000 Mileage at Failure(s) 1000 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

HEADLIGHTS ON HIGH BEAM CAUSE A SHADOW AT APPROXIMATELY 60 DEGREE ANGLE FROM THE HOOD WHICH RESULTS IN POOR VISIBILITY. DEALER NOTIFIED, AND INSEPECTED THE HEADLIGHTS. FOUND THEY MET VEHICLE SPECIFICATION. INFORMED CONSUMER THAT NOTHING ELSE COULD BE DONE. PROVIDE FURTHER DETAILS. *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.

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 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]		DEFECTS INVESTIGATION Date Received: MAY 19 AM 7:59 18-APR-2000 OFFICE Reference No. 860527	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a [Redacted] name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date 5/18/2000	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1G6KY5495YU177285	CADILLAC	SEVILLE	2000
Current Odometer Reading	Purchase Date		Dealers Name
2412	LEASE 12/24/99		PRESTON CHEV-CADILLAC
	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City	State
		BURTON	OHIO
		Zip Code	Engine Size (CID/CC/L)
		44021	NORTH STAR ENGINE
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 type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	No Cylinders
<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 type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	8
		<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	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
08002000	LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
ON GOING	15-JAN-2000 Mileage at Failure(s) 1800 Vehicle Speed at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	NONE	ON GOING
		Estimated Property Damage	Reported to Police
		NONE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
HEADLIGHTS ON HIGH BEAM CAUSE A SHADOW AT APPROXIMATELY 60 DEGREE ANGLE FROM THE HOOD WHICH RESULTS IN POOR VISIBILITY. DEALER NOTIFIED, AND INSEPECTED THE HEADLIGHTS. FOUND THEY MET VEHICLE SPECIFICATION. INFORMED CONSUMER THAT NOTHING ELSE COULD BE DONE. PROVIDE 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.			

2770

77777
CUSTOMER COPY
INVOICE

PRESTON
Nobody Sells for Less
CHEVROLET - CADILLAC, INC.

13600 West Center Street
BURTON, OHIO 44021
(440) 834-9700 (440) 953-0127
1-800-220-2342

DEALER

PAGE 1

#1

WIEL

SERVICE ADVISOR: 85 GARY HECK

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
WHITE	DIAM 00	CADILLAC SEVILLE	1G6KYS495YU177285		1581/1581	T487	
DEL DATE	PROG DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
20DEC1999			12:00 31MAR00		0.00	CASH	31MAR2000
R/O OPENED	READY	OPTIONS: STK:30199 DLR:28316 ENG:4.6 Liter V8 MPI					
14:25 30MAR00	14:27 31MAR00	TRN:ALTO					

LINE	CPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A CUST STATES HIGH BEAM HEADLAMPS SHED A SHADOW GOING DIAGONALLY OUT FROM VEH

CAUSE: NO PROBLEM FOUND

N9995 TEST DROVE OVERNIGHT, DUPLICATED CUSTOMER CONCERN, FOUND CONDITION TO BE NORMAL FOR VEH... UNABLE TO ADJUST HEADLAMPS TO ELIMINATE

145 WCA4

(N/C)

FC: 92 PART#: COUNT: 0

CLAIM TYPE:

AUTH CODE:

07

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

B RENTAL

CAUSE: RENTAL

Z7901 RENTAL VIN#W06VR52R3WR090920

30 WRMS

(N/C)

FC: 98 PART#: COUNT: 0

CLAIM TYPE:

AUTH CODE:

MJ

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

1-800-222-1020
Stacy Houston
000024720

In the event that you, the customer, authorize commencement but do not authorize completion of a repair or service, a charge will be imposed for disassembly, reassembly or partially completed work. Such charge will be directly related to the actual amount of labor or parts involved in the inspection.

STATEMENT OF DISCLAIMER
The dealer expressly disclaims all warranties with respect to the sale of this invoice. The dealer hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Dealer neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this invoice.

TERMS: STRICTLY CASH UNLESS PRIOR ARRANGEMENTS MADE
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, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. I HEREBY ACKNOWLEDGE RECEIPT OF A COPY HEREOF.

CUSTOMER SIGNATURE

SERVICE HOURS:
7:30 AM TO 5:30 PM
MONDAY THRU FRIDAY
8:00 AM - 4:00 PM
SATURDAY

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

3494779

248460

CRESTMONT CADILLAC-ROLLS ROYCE

26000 CHAGRIN BLVD. AT I-271

BEACHWOOD, OHIO 44122

216/831-5300

INVOICE

PAGE 1

DEALER

SERVICE ADVISOR: 848 DAVE WALKER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
	2000	CADILLAC SEVILLE	1G6KY5495YU177285		1774/1774	T89R	
DEL DATE	PROD DATE	WAHR EXP	PROMISED	FC NO	RATE	PAYMENT	INV DATE
01MAR2000			WATT 04APR00			CASH	06APR2000
R.O. OPENED	READY	OPTIONS: DLR:20257					
11:18 04APR00	12:12 06APR00						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A CUST STATES WHEN DRIVING AT NIGHT H/L CAST SHADOW AT 60 DEG BUT BRIGHT LIGHT AT 90 DEG AND STRAIGHT AHEAD IS THIS ADJUSTABLE TO REMOVE SHADOW ?? CHECK AND ADVISE							
CAUSE: CONDITION NORMAL AND CAN NOT BE MODIFIED BY DEALER							
NO225 CHECK H/L ASSY FOR SHADOWS PER REQUESTS BY CCA							
				551 WC94			(N/C)
FC: 92 PART#: COUNT: 0							
CLAIM TYPE:							
AUTH CODE:							
VX							

PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE A:	0.00
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1774 CHECK FOR PROPER HEADLIGHT ALIGNMENT. WAS THE SAME AS ANOTHER 2000 STE. IT SEEMS TO BE A NORMAL CONDITION WITH THIS VEHICLE.

B GOLD KEY COURTESY LOANER							
CAUSE: LOANER CAR							
Z7902 CADILLAC LOANER CAR							
				93 WC94			(N/C)
FC: 98 PART#: COUNT: 0							
CLAIM TYPE:							
AUTH CODE:							
MJ							

SUB LOANER CAR							
				WC94			(N/C)
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE B:	0.00

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 (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.	STATEMENT OF DISCLAIMER	DESCRIPTION	TOTALS	
	The factory warranty constitutes all of the warranties with respect to the sale of this item/terms. 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 it any liability in connection with the sale of this item/terms.	LABOR AMOUNT		
		PARTS AMOUNT		
		GAS, OIL, LUBE		
		SUBLET AMOUNT		
		MISC. CHARGES		
		TOTAL CHARGES		
		LESS INSURANCE		
		SALES TAX		
		PLEASE PAY THIS AMOUNT		
SIGNED: DEALER, GENERAL MANAGER OR AUTHORIZED PERSON	DATE	CUSTOMER SIGNATURE		

3494779

248460

CRESTMONT CADILLAC-ROLLS ROYC

26000 CHAGRIN BLVD. AT I-271

BEACHWOOD, OHIO 44122

216/831-5300

INVOICE

PAGE 2

SERVICE ADVISOR: 848 DAVE WALKER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
	2000	CADILLAC SEVILLE	1G6KY5495YU177285		1774/1774	T89R	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PD NO	RATE	PAYMENT	INV DATE
01MAR2000			WAIT 04APR00			CASH	06APR2000
LO OPENED	READY	OPTIONS: DLR:20257					
11:18 04APR00	12:12 06APR00						
LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL

OUR SERVICE STAFF IS DEDICATED TO YOUR COMPLETE SATISFACTION. IF FOR ANY REASON YOU ARE NOT COMPLETELY SATISFIED PLEASE CALL OUR SERVICE MANAGER. SERVICE, PARTS & BODY SHOP ARE OPEN SATURDAY FROM 8AM TO 1PM - CALL FOR AN APPOINTMENT

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 (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

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

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON DATE

CUSTOMER SIGNATURE