

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

436

Date Received

14-JUN-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

863579

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 bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G2HX52K8XH243341	PONTIAC	BONNEVILLE	1999	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag	<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 Utility Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Introlubell <input type="checkbox"/> 2-Point Belt				<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
05100000	ENGINE	<input type="checkbox"/> Left <input 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)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	01-GCP-1999			<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

VEHICLE STALLED IN TRAFFIC FROM TIME TO TIME. DEALER HAS LOOKED AT VEHICLE, BUT COULDN'T DETERMINE THE CAUSE.*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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 436	
 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 14 JUN 2000	Off. or rt. dt od. rt up. ltr
Signature of Owner [Redacted]		OFFICE OF INVESTIGATION Work Number Home Number [Redacted]	Reference No. 863579
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 In the absence of [Redacted] address to the vehicle manufacturer.			
Signature of Owner [Redacted] Date 9/12/00			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1G2HX52K8XH243341	PONTIAC	BONNEVILLE	1999
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	Current Odometer Reading
7-16-99	BISHOP	3.8	5,430
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City	State	Zip Code
NORTON	OH		44203
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 type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<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"/> 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	Part Name(s)	Location	Failed Part(s)
05100000	ENGINE	<input type="checkbox"/> Left <input 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?
26	01-SEP-1999	<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		
Estimated Property Damage	Reported to Police		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE STALLED IN TRAFFIC FROM TIME TO TIME. DEALER HAS LOOKED AT VEHICLE, BUT COULDN'T DETERMINE THE CAUSE.*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.			

8331844

26122



"WHERE QUALITY IS NOT EXPENSIVE"

7977 Hills & Dales Rd. N.W.

P.O. Box 806

Massillon, Ohio 44648

216-837-3516

INVOICE

PAGE 1

SERVICE ADVISOR: 24 HENRY EDWARDS

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
PURPLE	999	PONTIAC BONNEVILLE	1G2HX52K8XH243341	AVA9618	3321/3321	T67	
BY SERVICE DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
26AUG1999			17:00 27APR00		0.00	CASH	27APR2000
R.O. OPENED	READY	OPTIONS:					
09:17 27APR00	17:00 27APR00						
LINE OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL	

A WHEN DRIVING CAR SOMETIME IT WILL JUST CUT OFF BUT VERY EASY TO RESTART

CAUSE: PROBLEM INSIDE

J6360 MODULE, PCM/VCM - REPLACE

2 DOWNEY, VANCE J. LIC#: 9008

W4 1.60

1 9361735 PCM REM

1 PD ***PRICE DIFF***Z-5000

PC: 60

PART#: 9361735

COUNT: 2

CLAIM TYPE:

AUTH CODE:

WG

(N/C)

(N/C)

(N/C)

*****IMPORTANT*****

*YOU MAY RECEIVE A SERVICE SATISFACTION *
 *SURVEY FROM PONTIAC. IF FOR ANY REASON YOU *
 *CANNOT GRADE OUR SERVICE DEPT. "COMPLETELY *
 *SATISFIED" PLEASE CONTACT OUR SERVICE DEPT. *
 *OR MANAGER THANK YOU FOR YOUR BUSINESS *
 *****HOLLAND PONTIAC INC.*****

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 11 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. 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.	LABOR AMOUNT	0.00
(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)	CUSTOMER SIGNATURE <i>Mary Beard</i>	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	

CUSTOMER COPY

8331844

26294



"WHERE QUALITY IS NOT EXPENSIVE"

7877 Hills & Dales Rd. N.W.

P.O. Box 806

Massillon, Ohio 44648

216-837-3516

INVOICE

DUPLICATE

PAGE 1

SERVICE ADVISOR: 4 ROBERT P BRELISH

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
PURPLE	1999	PONTIAC BONNEVILLE	1G2HX52K8XH243341	AVA9618	3506/3536	

IN SERVICE DATE	PROD. DATE	WARR. EXP.	PROMISED	PD NO.	RATE	PAYMENT	INV. DATE
26AUG'999			17:00 11MAY00		0.00	CASH	11MAY2000

R.O. OPENED	READY	OPT.ONS:	LIST	NET	TOTAL
09:20 11MAY00	10:58 11MAY00				

A ENGINE STALLS
 1001 DIAGNOSIS HI TECH CHARGE
 4 ROBERT P. BRELISH LIC#: 3449
 CP 0.00
 0.00 0.00

COULD NOT DUPLICATE PROBLEM NO CODES

*****IMPORTANT*****
 *YOU MAY RECEIVE A SERVICE SATISFACTION *
 *SURVEY FROM PONTIAC. IF FOR ANY REASON YOU *
 *CANNOT GRADE OUR SERVICE DEPT. "COMPLETELY *
 *SATISFIED" PLEASE CONTACT OUR SERVICE DEPT. *
 *OR MANAGER. THANK YOU FOR YOUR BUSINESS *
 *****HOLLAND PONTIAC INC.*****

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

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. 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/items.

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

Mary Boyd

CUSTOMER COPY

Notion Stone

1347833

BISHOP -SINCE 1921-

PO Box 1013 • 4051 CLEVELAND-NISSELON ROAD • NORTHON, OH 44203
PH (330) 324-7881 • FAX (330) 324-6378

FILE COPY
INVOICE

FEATURING BUICK, SUBARU, ISUZU

110 Hwy 301 • 288 BROAD STREET • WADSWORTH, OH 44201
PH (330) 326-7882 • FAX (330) 324-2559

PAGE 1

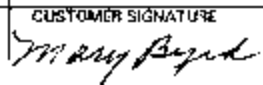
FEATURING PONTIAC & OLDSMOBILE

SERVICE ADVISOR: 7 BRIT DECKER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
DARK CHERRY	99	PONTIAC BONNEVILLE	1G2EXS2K8XH243341		3662/3662		
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
16JUL1999			17:00 17MAY00			CASH	17MAY2000
R.O. OPENED	READY	OPTIONS: STK:2243341 DTR:09093					
10:16 17MAY00	11:36 17MAY00						

LINE	QTY	CODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	-----	------	------	------	-------	------	-----	-------

A OWNER REPORTS SOMETIMES WHILE DRIVING CAR IT WILL JUST CUT OUT
 CAUSE: CUTS OUT
 10455 SENSOR, CRANKSHAFT POSITION - REPLACE
 25 WAC 0.80 (N/C)
 1 10456161 SEN ASM (N/C)
 FC: 60
 PART#: 10456161
 COUNT: 1
 CLAIM TYPE:
 AUTH CODE:
 PB

IN 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.	STATEMENT OF DISCLAIMER	DESCRIPTION	TOTALS
	The factory warranty constitutes all of the warranties with respect to the sale of this item/items. 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/items.	LABOR AMOUNT	0.00
SIGNED: _____ (DATE) _____ DEALER, GENERAL MANAGER OR AUTHORIZED PERSON	CUSTOMER SIGNATURE	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		

BISHOP

-SINCE 1921-

P.O. Box 1013 • 4052 CLEVELAND MASS. LOW RIDERS • NORTON, OH
 PH. (330) 876-7881 • FAX (330) 826-8378

CUSTOMER #: 8331844

33797
TECHNICIAN COPY
 WORKORDER
 REPRINT
 PAGE 1

FEATURING BUICK, SUBARU, ISUZU

P.O. Box 301 • 288 BROAD STREET • WAGSWORTH, OH 44281
 PH. (330) 335-7882 • FAX (330) 334-2559

FEATURING PONTIAC & OLDSMOBILE

SERVICE ADVISOR: 2 TARGOSZ, JACEK

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MI/AGE IN/OUT		
BURGANDY	99	PONTIAC BONNEVILLE	IG24X52K8X4243341	AVA9618	5745/		
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN1999	01JAN99		17:00 26OCT00		70.00	CASH	
R.O. OPENED		READY	OPTIONS:				
26OCT2000 09:46							

LINE OP CODE TECH TYPE DESCRIPTIONS/INSTRUCTIONS
 # A WB40 CUSTOMER COMPLAIN NOT DUPLICATED

<p>ESTIMATE UNDER OHIO LAW YOU HAVE THE RIGHT TO AN ESTIMATE IF THE EXPECTED COST OF REPAIRS OR SERVICES WILL BE MORE THAN TWENTY-FIVE DOLLARS. INITIAL YOUR CHOICE.</p> <p>WRITTEN ESTIMATE _____ ORAL ESTIMATE _____ I DO NOT REQUEST AN ESTIMATE _____</p>		<p>DISCLAIMER OF WARRANTIES - Any warranties on the products sold herein are those made by the manufacturer of those products. Seller hereby expressly disclaims all warranties, other express or implied, including any implied warranties of merchantability or fitness for a particular purpose (regarding any products or services provided, unless otherwise indicated on the service repair order). This dealership neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products or services. This disclaimer by the dealership in no way affects the terms or performance of the manufacturer's warranty. Buyer shall not be entitled to recover from this dealership any consequential damages, damages to property, damages for loss of profit or income, or any other incidental damages.</p>		<p>In the event that you, the customer, authorize commencement but do not authorize completion of a repair service, a charge will be imposed for disassembly, reassembly, or completed work. Such charge is directly related to the actual labor and parts involved in disassembly, repair or service.</p>	
<p>IF REQUESTED PRIOR TO SERVICE REPAIR PARTS WILL BE RETURNED, EXCEPT FOR WARRANTY PARTS AND PARTS NEEDED FOR EXCHANGE. PLEASE RETURN _____ INITIAL _____</p>		<p>I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transport hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways and elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on vehicle to secure the amount of repairs thereto. The dealership is not responsible for damages from freezing due to antifreeze.</p>		<p>DATE _____ TIME _____ BY _____</p>	
<p>ORIGINAL ESTIMATE \$ _____</p>	<p>CUSTOMER'S ACCEPTANCE _____</p>	<p>AUTHORIZED ADDITIONS \$ _____</p>			