

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

119

Date Received

20-JUN-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

863817

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
NOT AVAILABLE	OLDSMOBILE	CIERA	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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 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"/> Inertial <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 Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 05100000 08300000	Part Name(s) ENGINE ELECTRICAL SYSTEM:WIRING	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) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes 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)

WHEN DRIVING AT ANY SPEED AND WITHOUT PRIOR WARNING VEHICLE WILL CUT OFF AND COME TO A DEAD STOP. CONSUMER HAS CONTACTED DEALER, AND DEALER HAS REPLACED SOME WIRING. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED 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.



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FOR AGENCY USE ONLY 119

Date Received

JUL 11 AM 9:59
20 JUN 2000
OFFICE OF DEFECTS INVESTIGATION

Od_or _____
rt_dt _____
od_rt _____
pp_ltr _____

Reference No.

863817

OWNER INFORMATION (Type or Print)

614866

Work Number

N/A

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? PLEASE YES NO
In the absence of a signature of owner to vehicle manufacturer.

Signature of Owner

Date 07 05 00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G3AJ55M6T6324260 <small>NOT AVAILABLE</small>	Vehicle Make OLDSMOBILE	Vehicle Model CIERA	Vehicle Year 1996	Current Odometer Reading 43,823
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Purchase Date 05/14/96	Dealer's Name MARTIN OLDS 298 E. CLEVELAND AVE.	Engine Size CID/CC/L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City NEWARK State DE Zip Code 19711	No Cylinders 6	

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No YES	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag NO	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 checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <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
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FAILED COMPONENT(S)/PART(S) INFORMATION

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---	---	---	--

No of Failures 1	Date(s) of Failure(s) 06/05/00 1330 HRS	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Mileage at Failure(s) 143095		
	Vehicle Speed at Failure(s) 56 MPH		

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)

WHEN DRIVING AT ANY SPEED AND WITHOUT PRIOR WARNING VEHICLE WILL CUT OFF AND COME TO A DEAD STOP. CONSUMER HAS CONTACTED DEALER, AND DEALER HAS REPLACED SOME WIRING. PLEASE PROVIDE ANY FURTHER DETAILS. *AK **WE WERE IN CENTER LANE OF I-95, NO POWER AT ALL. NO SIGNALS. TRAFFIC WAS LIGHT AND WE WERE FORTUNATE ENOUGH TO GET TO SHOULDER ONE MILE EARLIER WOULD HAVE BEEN CERTAIN DISASTER! NO SHOULDER!! MECHANIC AT MARTIN ADVISED US OF FIRE POTENTIAL**

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

OUR VEHICLE IS SERVICED REGULARLY AT THE
 DEALERSHIP - LAST SERVICE DATE ~~02-03-00~~
 MAY 2, 00 THE FRONT TIRES WERE REPLACED
 AND A WHEEL ALIGNMENT WAS DONE (HONDA CAR EXT. WARR.)
 THERE WAS ABSOLUTELY NO WARNING ~~OF~~ ~~THE~~
 HONDA EXT. WARRANTY WAS DENIED BECAUSE
 THE ELECTRICAL ^{PROBLEM} WAS NOT IN THE HARNESSE?
 WE ARE VERY GRATEFUL THAT WE DID
 NOT HAVE TO FILL OUT THE APPLICANT
 INCIDENT INFORMATION!!!



☆ U.S. G.P.O.: 1992 - 923-997 / 90096

U.S. Department
 of Transportation
**National Highway
 Traffic Safety
 Administration**

400 Seventh St., S.W.
 Washington, D.C. 20590

Official Business
 Penalty for Private Use \$300



NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES

BUSINESS REPLY MAIL
 FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
 National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
 400 7th Street, SW
 Washington, DC 20590





Rich

ENTERPRISE RENT-A-CAR COMPANY OF FLORIDA
3030 W. BOULEVARD AVE
DADE CITY, FL 34608

MO 8:00A- 6:00P TU 8:00A- 6:00P
WE 8:00A- 6:00P TH 8:00A- 6:00P
FR 8:00A- 6:00P SA 9:00A- 12:00P

YEAR 1988
YEAR 1988
START CHARGES IF DEFERENT

RENTAL TYPE **RENTER**
SOURCE # **1000000000**
TO # **1000000000**

RENTAL AGREEMENT NO. **D 440716**

MILES **X**
NO CHARGE

ORIGINAL VEHICLE
COLOR **BLACK**
LICENSE NO. **2E 34**
MODEL **EDAR #**
MILE-AGE IN **2473**
OUT **2473**
DRIVEN

DRIVER'S LICENSE
STATE **FL**
DOB **000** HEIGHT **000** WEIGHT **000**
EYES **000** HAIR **000**
SOCIAL SECURITY # **000** EMPLOYER **000**

HOURS **10.00**
DAYS **2X 15.00**
MILES **1000**

CONDITION AGREED TO

BILL TO **COMPANY**
ADDRESS **Allstate**
CITY **000** STATE **00** ZIP **00000**
ATTN: **000** PHONE **000** EXT. **000**
RENTER ACCEPTS LIABILITY FOR DAMAGE TO VEHICLE
RENTER REQUESTS PARTIAL LIABILITY WAIVER SEE REVERSE **X**
RENTER DEQUIRES PERSONAL ACCIDENT INSURANCE
RENTER REQUESTS PERSONAL ACCIDENT INSURANCE (PAI) SEE REVERSE **X**
RENTER DEQUIRES SUPPLEMENTAL LIABILITY PROTECTION (SLP)
RENTER REQUESTS SUPPLEMENTAL LIABILITY PROTECTION (SLP) SEE REVERSE **X**

1000 / PAI / 1.78 / 200

REPLACEMENT VEHICLE
COLOR **000**
LICENSE NO. **000**
MODEL **000**
MILE-AGE IN **000**
OUT **000**
DRIVEN

ADDITIONAL DRIVER - NONE PERMITTED WITH-OUT ENTERPRISE'S APPROVAL.
AGE **000** LICENSE NO. **000** STATE **00** EXP. **000**
I am responsible for their acts while they're driving, and for fulfilling terms and conditions of this agreement.
X RENTER'S PERMISSION GRANTED FOR VEHICLE TO LEAVE THE STATE.
YES **X** NO **000** STATES **000** AUTH BY **000**

FUEL CHARGE **1.92**
X 4.00/EIGHTH

CONDITION AGREED TO

NO GASOLINE REFUND - 1 DAY MINIMUM. ENTERPRISE SUPPLIES NO INSURANCE ACKNOWLEDGMENT OF TERMS AND CONDITIONS.
I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON BOTH SIDES OF THIS AGREEMENT. ALL CHARGES ARE SUBJECT TO FINAL AUDIT. SEE REVERSE FOR LIABILITY RESTRICTIONS.
RENTER **000** DATE **000**
EMPL. **000**

TOTAL CHARGES **101.88**
DEPOSITS
REFUNDS

FUEL IN **000** OUT **000**
E 1/4 1/2 3/4 1 1 1/2 2 2 1/2 3 3 1/2 4 4 1/2 5 5 1/2 6 6 1/2 7 7 1/2 8 8 1/2 9 9 1/2 10

ENTERPRISE REP	DATE	AMOUNT	PD BY	TYPE	DATE PD	AUTH #
X	000	000	000	000	000	000

AMOUNT DUE **000**

ADDITIONAL INFORMATION

ADDITIONAL INFORMATION

PAID BY **000**
RECEIPT FOR CASH REFUND
DATE RECEIVED BY **X** AMOUNT **000**
CLAIM INFORMATION
POL. OR CL # **000**
INSD. **000**
LOSS DATE **000** INET **000** ACCPTD **000**
PHONE **000** NAME **000**
HI-PART SHIP **000**
TYPE CAR **000**

6676681

146604 THE MARTIN DEALERSHI

298 E. CLEVELAND AVENUE
NEWARK, DELAWARE 19711
TEL. (302) 738-5200
FAX (302) 466-6700

INVOICE

PAGE 1

SERVICE ADVISOR: 133 ANTHONY W DIRUBBIO

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT		
36U	96	OLDSMOBILE CUTL CTR	1G3AJ55M6T6324260	T	43085/43088		
IN SERVICE DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
14MAY1996			17:00 06JUN00		VAR	CASH	07JUN2000
R.O. OPENED	READY	OPTIONS: STK:60241 1) HONDACARE/72/72000 2) V000150071(A67)/.00					
18:07 05JUN00	08:42 07JUN00						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A TOW IN CUSTOMER STATES CAR JUST QUIT RUNNING ON THE ROAD WOULD NOT RESTART NO CRANK CHECK AND ADVISE S16 DIAGNOSED PROBLEM WITH SHORT CIRCUIT TESTER AND FOUND BURNED WIRES BEHIND FUSE PANEL REPAIRED WIRES OK AFTER							
PARTS:	1	12004008	FUSE		2.49	240.00	240.00
			LABOR:	240.00	2.49	2.49	2.49
			OTHER:	0.00			
					TOTAL LINE A:		242.49

43088

146604

MARTIN OLDSMOBILE TRUCK
MARTIN OLDSMOBILE TRUCK
NEWARK, DE 19711
302-738-5200
1167-4445-41881
TELE 302-738-5200
MARTIN MO

REC. JUN 27 2000 01:53P

FOR CREDIT CARD SWK

SALE REP.
EX. SALES
CARD TYPES
TR. TYPE Z
APP. CODES
RECORD NO. 1

TOTAL \$ 218.25

Anthony W. Dirubbio
SALESMAN

PLEASE COME AGAIN!



Dealer guarantees the labor performed in this repair shop has been competently performed, and that only defects which occur will be corrected without charge by this repair shop for a period of 90 days or 4000 miles from the date of the repair, whichever first occurs.

This part is sold "as is". The only warranties applying to this part are those which may be offered by the manufacturer. The selling dealer hereby expressly disclaims all warranties, either express or implied, including any implied warranties of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this part and/or service. Buyer shall not be entitled to recover from the selling dealer any consequential damages, damages to property, damages for loss of use, loss of time, loss of profits, or income, or any other incidental damages. In addition, expressly excluded is any dealer liability for defects pertaining to safety or performance, by way of "strict liability", negligence or otherwise.

STATEMENT OF DISCLAIMER

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

DESCRIPTION	TOTALS
LABOR AMOUNT	240.00
PARTS AMOUNT	2.49
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	242.49
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	242.49

(SIGNATURE) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER SIGNATURE

CUSTOMER COPY

1090
242.49
718.15