

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

294

Date Received

30-JUN-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

864600

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
1G2WJ52K2XF272855	PONTIAC	GRAND PRIX	1999	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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	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 Vlt <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Motorbell <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)
06400000	FUEL THROTTLE LINKAGES AND CONTROL	<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?
		50		<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)

INTERMITTENTLY VEHICLE STALLED OUT AND DIED. ALSO, WHILE DRIVER WOULD APPLY BRAKES AND DEPRESS ACCELERATOR SLIGHTLY, VEHICLE WOULD SURGE FORWARD UNEXPECTEDLY. THE DEALER HAS INSPECTED THE VEHICLE SEVERAL TIMES, AND HAS NOT BEEN ABLE TO DUPLICATE OR CORRECT THE PROBLEM.\*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 284	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		RECEIVED 00 AUG -7 AM 9:19 30 JUN-2000 OFFICE DEFECTS INVESTIGATION	
[Redacted]		Reference No. 864600	
[Redacted]		Work Number [Redacted]	
[Redacted]		Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner [Redacted]		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Date 7/21/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1GZWJ52K2XF272856	PONTIAC	GRAND PRIX	1999
Current Odometer Reading	52,790		
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	Turbo <input type="checkbox"/>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Joseph's Pontiac	3.8 L 3800	Diesel <input type="checkbox"/>
	City Norwell State Ma Zip Code 02061	No Cylinders 6	Gas <input checked="" type="checkbox"/>
			Fuel Injection <input type="checkbox"/>
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" 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
<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport UK <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 08400006	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL	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 25	Date(s) of Failure(s) 25 Times (varies) Mileage at Failure(s) 50 Vehicle Speed at Failure(s) VARIES	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
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), Failure(s), Cause(s), 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	None
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)			
INTERMITTENTLY VEHICLE STALLED OUT AND DIED. ALSO, WHILE DRIVER WOULD APPLY BRAKES AND DEPRESS ACCELERATOR SLIGHTLY, VEHICLE WOULD SURGE FORWARD UNEXPECTEDLY. THE DEALER HAS INSPECTED THE VEHICLE SEVERAL TIMES, AND HAS NOT BEEN ABLE TO DUPLICATE OR CORRECT THE PROBLEM.*AK  This vehicle becomes safety issue after the car has been driven 2 1/2 to 3 hours it stalls out and accelerates forward uncontrollable			
CONTINUE ON BACK IF NEEDED			
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U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 Information Management Staff NSA-10.01  
 400 7th Street, SW  
 Washington, DC 20590

**BUSINESS REPLY MAIL**  
 FIRST CLASS PERMIT NO. 78173 WASHINGTON, D.C.  
 POSTAGE WILL BE PAID BY MAIL HWY TRAFFIC SAFETY ADMIN.

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



U.S. G.P.O. 1982-423-877 / 87086

Note: The dealer doing warranty work  
 + Paid service is Columbia Buick  
 Hanover Ma. See attached  
 Service reports.

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

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)									
THE IDENTIFICATION NO. *									
D	0	T							
SIZE		MANUFACTURER/TIRE NAME							
* 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)									

585 413

162849

# COLUMBIA

GARVEY & DELANEY - A FAMILY TRADITION

1877 Washington Street  
Hanover, MA 02339  
(781) 826-8300

\*INVOICE\*

PAGE 1



BLÜCH



PONTIAC



SERVICE ADVISOR: 188 STEPHEN HOLLAND

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
WHITE	1999	PONTIAC GRAND PRIX	1G2WJ52K2XF272855	3881ED	50606/50606	T1607	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PONO	RATE	PAYMENT	INV. DATE
01JAN1999			WAIT 29JUN00		0.00	CASH	29JUN2000

R.O. OPENED      READY      OPTIONS: DLR:V/O

10:25 29JUN00      12:02 29JUN00

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A CHANGED OIL AND FILTER, LUBRICATED FRONT SUSPENSION WHERE APPLICABLE, INSPECTED BELTS, HOSES AND FLUID LEVELS AND RESET TIRE PRESSURE.

LOF CHANGED OIL AND FILTER, LUBRICATED FRONT SUSPENSION WHERE APPLICABLE, INSPECTED BELTS, HOSES AND FLUID LEVELS AND RESET TIRE PRESSURE.

71	CR					11.25	11.25
1	25010792	OIL FLTR			5.29	5.29	5.29
5	OIL				1.15	1.15	5.75
1	2	GREASE			0.10	0.10	0.10

PARTS: 11.14 LABOR: 11.25 OTHER: 0.00 TOTAL LINE A: 22.39

\*\*\*\*\*

B C/S VEHICLE WILL STALL OUT AFTER RUNNING FOR APPROX 3 HOURS -- WHILE DRIVING ALONG OR COMING TO A STOP -- VEHICLE WILL ALWAYS RESTART, BUT MUST ACCELERATE WITH FOOT ON BRAKE T-ED COULD NOT DUPLICATE CUSTOMERS CONCERN AT THIS SERVICE VISIT --

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

\*\*\*\*\*

C\*\* REPAIR RIGHT REAR TIRE -- SMALL NAIL -- TIRE REPAIRED RIFGR REAR TIRE (NAIL --

71	CR					9.95	9.95
PARTS:	0.00	LABOR:	9.95	OTHER:	0.00	TOTAL LINE C:	9.95

\*\*\*\*\*

### EXCLUSION OF WARRANTIES

Any warranties on the parts and accessories sold hereby are those made by the manufacturer. The undersigned purchaser understands and agrees that dealer makes no warranties of any kind, express or implied, and disclaims all warranties, including warranties of merchantability or fitness for a particular purpose, with regard to the parts and/or accessories purchased; and that in no event shall dealer be liable for incidental or consequential damage or commercial losses arising out of such purchase. The undersigned purchaser further agrees that the warranties excluded by dealer, include, but are not limited to any warranties that such parts and/or accessories are of merchantable quality or that they will enable any vehicle or any of its systems to perform with reasonable safety, efficiency, or comfort.

### LIMITED LABOR WARRANTY

The repair facility guarantees the labor used in performing the repairs listed on this repair order for a period of 90 days or 4,000 miles whichever comes first from the date such repairs were completed. If our repair or replacement falls in normal service within that period, we'll fix it free of charge.

### DISPOSAL OF HAZARDOUS WASTE

The State of Massachusetts requires that all hazardous waste (Oil, Solvents, Anti-Freeze, etc.) must be disposed of by a licensed contractor in an environmentally safe manner. Any charge for disposal of hazardous waste reflects our conformity to state law in addition to our concern for the preservation of the environment.

ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE.

DESCRIPTION	TOTALS
LABOR AMOUNT	21.20
PARTS AMOUNT	11.14
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	32.34
LESS INSURANCE	0.00
SALES TAX	0.56
PLEASE PAY THIS AMOUNT	32.90

CUSTOMER COPY

5857413

159819

**COLUMBIA**  
GARVEY & DELANEY - A FAMILY TRADITION

1877 Washington Street  
Hanover, MA 02339  
17811 826-8300

\*INVOICE\*

PAGE 2



BLIND



PONTIAC

SERVICE ADVISOR: 188 STEPHEN HOLLAND

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	T
WHITE	1999	PONTIAC GRAND PRIX	1G2WJ52K2XF272855	3B81ED	44100/44100	T39
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO. NO.	RATE	PAYMENT
01JAN1999			WAIT 27APR00		0.00	CASH
R.O. OPENED	READY	OPTIONS:	DLR:V/O			
09:38	27APR00	12:20	27APR00			

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
			180	CC		36.27	36.27
	3	12378471	FLUID		12.90	12.90	38.70
	1	12345933	FLUID/CONDIT		21.95	21.95	21.95
PARTS:	60.65	LABOR:	36.27	OTHER:	0.00	TOTAL LINE D:	96.92

\*\*\*\*\*  
 E\* AFTER DRIVING 3 HOURS AND STOPPING, VEHICLE WILL STALL OUT -- HAVE TO KEEP ONE FOOT ON GAS AND ONE FOOT ON BRAKE TO KEEP FROM STALLING  
 ED ENGINE DRIVEABILITY REPAIR

PARTS:	180	CC			0.00	0.00	
	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE E:	0.00

TECH PERFORMED ALL PROPER TESTS AND CHECKS AND SCANNED COMPUTER -- NO CODES -- COULD NOT DUPLICATE CUSTOMERS CONCERN AT THIS SERVICE VISIT --

APR 27 2000  
 COLUMBIA

DESCRIPTION	TOTALS
LABOR AMOUNT	91.15
PARTS AMOUNT	73.04
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	164.19
LESS INSURANCE	0.00
SALES TAX	3.65
PLEASE PAY THIS AMOUNT	167.84

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**DISPOSAL OF HAZARDOUS WASTE**  
 The State of Massachusetts requires that all hazardous waste (Oil, Solvents, Anti-Freezes, etc.) must be disposed of by a licensed contractor in an environmentally safe manner. Any charges for disposal of hazardous waste reflects our conformity to state law in addition to our concern for the preservation of the environment.  
 ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE

CUSTOMER COPY

5851413

156798

# COLUMBIA

GARVEY & DELANEY - A FAMILY TRADITION

1877 Washington Street  
Hanover, MA 02339  
(781) 828-8300

\*INVOICE\*

PAGE 2



BLICK



PONTIAC



SERVICE ADVISOR: 155 PETER HALL

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
WHITE	1999	PONTIAC GRAND PRIX	1G2WJ52K2XF272855	3881ED	36331/36331	T4747	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
01JAN1999			17:00 24FEB00		0.00	CASH	24FEB2000
R/O OPENED	READY	OPTIONS: DLR:V/O					
09:20 24FEB00	15:08 24FEB00						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
ESS EMISSIONS SYSTEM SERVICE:							
				140	CC	79.95	79.95
				1	24508572 FILTER	13.78	13.78
				1	25121293 FUEL FLTR	14.71	14.71
				1	17113515 VALVE KIT	15.42	15.42
PARTS:				43.91	LABOR:	79.95	OTHER: 0.00
						TOTAL LINE E:	123.86

\*\*\*\*\*

F REPACK REAR BEARINGS IF POSSIBLE  
NO SEALED BEARINGS

				140	CR	3.00	0.00
PARTS:				0.00	LABOR:	0.00	OTHER: 0.00
						TOTAL LINE F:	0.00

\*\*\*\*\*

G BANGING NOISE FROM FRONT OVER BUMPS AND SEEMS LOOSE-KNOCKING NOISE  
WHEN TURNING INTO DRIVEWAY AND NOSE OF CAR MOVES UP AND DOWN  
CAUSE: LOOSE

E8061 TIE ROD END AND/OR ADJUSTER SLEEVE -  
REPLACE LEFT

				140	W/P		(N/C)
				1	26045836 ROD KIT		(N/C)
				FC: 2W			
				PART#: 26045836			
				COUNT: 1			
				CLAIM TYPE:			
				AUTH CODE: A			
				NE			
PARTS:				0.00	LABOR:	0.00	OTHER: 0.00
						TOTAL LINE G:	0.00

\*\*\*\*\*

H ENGINE STALLS AFTER DRIVING 3-4 HOURS THEN COMING TO A STOP AND  
TRYING TO REACCELERATE-HAVE TO BRAKE AND FEATHER ACCELERATOR AT

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

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# COLUMBIA

GARVEY & DELANEY - A FAMILY TRADITION

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Hanover, MA 02339  
(781) 826-8300

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PAGE 2



PONTIAC

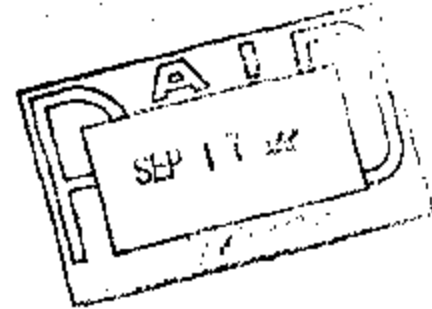
GMC

SERVICE ADVISOR: 145 BRIAN M LINN

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
WHITE	1999	PONTIAC GRAND PRIX	1G2WJ52K2XF272855	3881ED	21688/21688	T2961
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO. NO.	RATE	PAYMENT
01JAN1999			WAIT 17SEP99		0.00	CASH
R.O. OPENED	READY	OPTIONS:	DLR:V/O			
10:15 17SEP99	12:01 17SEP99					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
E C/S THAT AFTER LONG DRIVING VEHICLE STALLS							
NCF NO ABNORMAL CONDITION FOUND AT THIS TIME							
PARTS:	140	CC				0.00	0.00
	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE B:	0.00

\*\*\*\*\*



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ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE.

DESCRIPTION	TOTALS
LABOR AMOUNT	36.20
PARTS AMOUNT	11.14
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	47.34
LESS INSURANCE	0.00
SALES TAX	0.56
PLEASE PAY THIS AMOUNT	47.90

CUSTOMER COPY