Form Approved: O.M.B. No. 2127-0038

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 241	
Date Received: 03-JUL-2000	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ up_ltr ____ ____
	Reference No. 864676

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G48R54K4YU207637	BUICK	LESABRE	2000	

Purchase Date
☒ New ☐ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) _____
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
08110000	ELECTRICAL SYSTEM:BATTERY:CARRIER:HOLD DWN	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ 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?
	27-JUN-2000 / 5000 /	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

VEHICLE EXPERIENCING PROBLEM WITH POSITIVE CONNECTOR TO THE BATTERY CAUSING SHORTAGES AND LOSS OF POWER. DEALER NOTIFIED, AND REPAIRS WERE BEING MADE. FEEL FREE TO PRVIDE FURTHER. *AK

CONTINUE ON BACK IF NEEDED

Form Approved. O.M.B. No. 2127-0008

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 241

Date Received: RECEIVED
03-JUL-2000
00 JUL 21 AM 10
OFFICE OF DEFECTS INVESTIGATION

ob_or
rt_dt
dd_rtl 2
up_ltr

Complaint No.
864676

617906

Work Number [redacted]
Home Number [redacted]

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 release your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 7/17/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G4HR54K4YU207637	BUICK	LESABRE	2000	5885

Purchase Date: ☒ New ☐ Used

Dealer's Name: VIDMAR
City: JOLIET State: IL Zip Code: 60435

Engine Size (CID/CC/L): 3800
No Cylinders: 6
☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ☒ No (INT)	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Ut ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
08110000	ELECTRICAL SYSTEM:BATTERY:CARRIER:HOLD DWN	☐ Left ☐ Right ☐ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures: 1

Date(s) of Failure(s): 27-JUN-2000
Mileage at Failure(s): 5600
Vehicle Speed at Failure(s):

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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

VEHICLE EXPERIENCING PROBLEM WITH POSITIVE CONNECTOR TO THE BATTERY CAUSING SHORTAGES AND LOSS OF POWER. DEALER NOTIFIED, AND REPAIRS WERE BEING MADE. FEEL FREE TO PRVIDE FURTHER. *AK

AFTER STARTING THE CAR AND PUTTING IT IN REVERSE TO BACK OUT OF THE GARAGE I PUSHED THE OFF BUTTON ON THE FAN AND EVERY-THING WENT OFF INCLUDING THE ENGINE. HAD THIS HAPPENED 2 WEEKS PRIOR WHEN WERE TRAVELING ON INTERSTATES AND STEEP

OVER

CONTINUE ON BACK IF NEEDED

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)

WINDING ROADS IN LITTLE ROCK ARK IT WOULD HAVE BEEN A DISASTER

☆ U.S. G.P.O.: 1992 – 623-697/60066

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

SOUTH SUBURBAN IL PM JUL 17 2000

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

Reported 7-3-00 CASE C00805574 ANTHONY COLTON

38636 141221

INVOICE

PAGE 1

[redacted]

WILLIAM BUICK KIA MAZDA
OAK LAWN
6750 West 95th Street
OAK LAWN, IL 60453
708-430-1515

SERVICE ADVISOR: 471 ROBERT J PAS

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG
BURGUNDY	00	BUICK LESABRE	1G4HR54K4YU207637	FPV571	5500/5500	T934

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
26NOV1999	01NOV99		17:00 28JUN00			CASH	29JUN2000

R.O. OPENED	READY	OPTIONS: 1)BILL JACOBS JOLIET
10:29 28JUN00	13:44 29JUN00	

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL

A CAR WILL NOT START. ABSOLUTELY NO POWER. TOWED BY ROADSIDE.
CAUSE: POSITIVE CONNECTION TO REAR SEAT JUNCTION PARTIALLY CONNECTED.
N6602 WIRING AND/OR CONNECTOR - REPAIR
CHARGING/STARTING/BATTERY
433 WB 0.50 (N/C)
FC: 6N PART#: COUNT: 0
CLAIM TYPE:
AUTH CODE:
PN

INSPECTED AND DIAGNOSED COMPLETE ELECTRICAL SYS TEM. DISCOVERED POSITIVE CONNECTION TO REAR SEA T JUNCTION PARTIALLY CONNECTED. RESECUSRED PLUG TO JUNCTION. VEHICLE OPERATING TO SPECS AT THIS .
****

B ENTERPRISE RENTAL EXPENSE, PO# 036849
CAUSE: ONE ENTERPRISE RENTAL EXPENSE FOR CUSTOMER SATISFACTION.
Z7901 1 DAY RENTAL
433 WB 0.00 (N/C)
FC: 98 PART#: COUNT: 0
CLAIM TYPE:
AUTH CODE:
MJ

SUBL ENTERPRISE RENTAL EXPENSE, PO#036849
WB (N/C)
ONE DAY ENTERPRISE RENTAL EXPENSE FOR CUSTOMER SATISFACTION.
****

RENTAL CARS AVAILABLE UPON REQUEST

SERVICE HOURS
MON-FRI 7:30 am - 6:00 pm
Vehicle pick up until 9:00 pm
CLOSED SATURDAY

YOU MAY RECEIVE A CUSTOMER SERVICE SURVEY IN THE NEXT FEW WEEKS. IF YOU CANNOT RATE US "COMPLETELY SATISFIED", PLEASE CONTACT YOUR SERVICE MANAGER IMMEDIATELY, THANK YOU
JEFF TACCOLA,
SERVICE MANAGER

The seller, WILLIAM BUICK hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and WILLIAM BUICK neither assumes nor authorizes any other person to assume for it any liability in connection with the sale.

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

ALL SERVICE WORK IS GUARANTEED FOR 12 MONTHS OR 12,000 MILES.
GENUINE PARTS GUARANTEED FOR 12 MONTHS OR 12,000 MILES.

CUSTOMER SIGNATURE

CUSTOMER COPY