

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

11-JUL-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

865233

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
1GBDM19W7VB122583	CHEVROLET TRU	ASTRO	1997	

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 <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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inert Inert <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 checked="" 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 type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06400000 06136000 06114000	FUEL THROTTLE LINKAGES AND CONTROL FUEL:FUEL PUMP FUEL:FUEL TANK ASSEMBLY:GAUGE:FUEL	<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	Date(s) of Failure(s) 03-JUL-2000	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 75200	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		

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)

WHILE TRAVELING AT HIGHWAY SPEED OF 60 MPH OR MORE VEHICLE LURCHED FORWARD TWICE. ALSO, FUEL GAUGE MOVED FROM FULL TO EMPTY AND CONTINUED TO MOVE BACK AND FORTH. VEHICLE TAKEN TO DEALER, AND INFORMED CONSUMER THAT THE FUEL TANK SENDER UNIT HAS MELTED DOWN, AND COULD HAVE STARTED A FIRE IN THE TANK. FEEL FREE TO 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 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.

Form Approved OMB No. 2127-0058

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 241	
 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)		Date Received 09 SEP 18 PM 12:42 11-JUL-2000 OFFICE OF THE INVESTIGATOR	Reference No. 865233
[Redacted]		Work No. [Redacted]	Home No. [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 name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner [Redacted]		Date 9/7/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1GBDM19W7VB122583	Vehicle Make CHEVROLET TRU	Vehicle Model ASTRO	Vehicle Year 1997
Purchase Date January 1998		Current Odometer Reading 78,651	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name Bobby Layman	Engine Size Vortec (CID/CCA 4300 V6 SEI)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
City Columbus	State OH	Zip Code 43228	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	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 checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Ut <input type="checkbox"/> 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 checked="" type="checkbox"/> Other <i>conversion</i>
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06400000 06136000 06114000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL FUEL:FUEL PUMP FUEL:FUEL TANK ASSEMBLY:GAUGE:FUEL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 03-JUL-2000	Mileage at Failure(s) 75200	Vehicle Speed at Failure(s) 55-65 mph
Failed Part(s) Available?		NHTSA Previously Contacted?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" 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		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE TRAVELING AT HIGHWAY SPEED OF 60 MPH OR MORE VEHICLE LURCHED FORWARD TWICE. ALSO, FUEL GAUGE MOVED FROM FULL TO EMPTY AND CONTINUED TO MOVE BACK AND FORTH. VEHICLE TAKEN TO DEALER, AND INFORMED CONSUMER THAT THE FUEL TANK SENDER UNIT HAS MELTED DOWN, AND COULD HAVE STARTED A FIRE IN THE TANK. FEEL FREE TO PROVIDE FURTHER DETAILS. *AK <div style="text-align: center; font-size: 1.2em;">See Attached</div>			
CONTINUE ON BACK P. 186010			
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.			

YEAR MAKE MODEL TRUCK/ASTRO EXT/VAN
 1977 CHEVROLET TRUCK/ASTRO EXT/VAN
 STOCK NO. 117791
 LICENSE NO. 67
 DELIVERY MILES 745
 WARR IN SER. DATE 05/19/78
 EXPIRATION DATE 05/19/78
 EXPIRATION MILES 300
 R.O. NO. 201294
 A.D. DATE 07/05/80
 ADVISOR 300
 SELLING DEALER NO. 53
 MILEAGE 75282
 TRANS.
 AIR COND.
 TURBO
 P.S.

BOBBY LAYMAN



39 "OH-OH" W. Broad St.
 COLUMBUS, OHIO 43228
 PHONE - 275-0500

TERM: STRICTLY CASH UNLESS ARRANGEMENTS MADE

I hereby authorize the repair work hereafter 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 beyond your control or for any damage caused by unavailability of parts or delays in parts shipment by the manufacturer or transporter. I have read and understand your employee's permission to correct the vehicle and to use the vehicle on streets, highways or elsewhere for the purpose of testing and repair. An estimate of materials has been prepared and attached to this form. I agree to pay the amount of

APPOINTMENT YES NO
 STATE REGH 25-165490
 NOTICED BODY DAMAGE: FRONT REAR L. SIDE R. SIDE INT.

LABOR INSTRUCTIONS

ORIGINAL CASH PRICE 200.00
 PARTS 200.00
 LABOR 200.00
 TOTAL 600.00

1 FUEL INJECTION SYSTEM WILL NOT OPERATE WHEN FUEL PUMP IS NOT WORKING. PUT IT IN GEAR YOU HAVE TO PUSH ACCELERATOR ALL THE WAY TO FLOOR BEFORE IT WILL GO ANYWHERE. TRANS. SLIPS IN GEAR RACES AT TIMES. WHEN SHIFTING TRANS. SLIPS IN GEAR AND REVERSE.

2 ELEC WHEEL BALANCE
 SUBOTHER REQUEST TO ROTATE AND BALANCE TIRES

3 ALIGN FRONT END
 REQUEST FRONT END ALIGNMENT--PULLS A LITTLE TO RIGHT--FRONT END SHAKES, AND DASH BOUNCES.

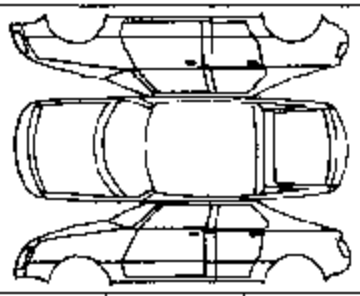
WC make special key.

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.

ORIGINAL ESTIMATE \$
 AUTHORIZED ADDITIONS \$
 CUSTOMER'S ACCEPTANCE

WRITTEN ESTIMATE
 ORAL ESTIMATE
 I DO NOT REQUEST AN ESTIMATE

REPLACED PARTS WILL BE RETURNED UNLESS SPECIFIED OTHERWISE DISCARD.
 Parts replaced pursuant to manufacturer's warranty are released by Bobby Layman Chevrolet for inspection by manufacturer.



GUARANTEE
 PARTS AND LABOR ARE GUARANTEED FOR 12 MONTHS OR 12,000 MILES WHICHEVER OCCURS FIRST. (A COPY OF THIS REPAIR ORDER MUST BE PRESENTED). VALID ONLY AT BOBBY LAYMAN CHEVROLET.

ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE.

WE ARE NOT RESPONSIBLE FOR PROPERTY LEFT IN VEHICLE.

Mr. Goodwrench

BOBBY LAYMAN



"EXPECT TO BE SATISFIED"
275-0500



39 "OH-OH" W. Broad St.
COLUMBUS, OHIO 43228



275-0500

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

GUARANTEE

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***** YOUR "COMPLETE SATISFACTION" *****
***** IS OUR GOAL AT 39 OH OH W BROAD ST *****

WE STRIVE FOR EXCELLENCE WITH EVERY REPAIR #####
IF NOT COMPLETELY SATISFIED WITH A SERVICE OR BODY SHOP REPAIR ##
PLEASE CONTACT: JOHN TACKETT (SERVICE) DICK MATFIELD (BODY) ##
275-0500

CUSTOMER NO. 117151	ADVISOR AMY H ARTHURS	CARD NO. 300	343	INVOICE DATE 07/10/00	INVOICE NO. CYCS201274
	LABOR RATE	LICENSE NO. ARX4567	MILEAGE 75202	COLOR CHERRY ICE/	STOCK NO.
	YEAR / MAKE / MODEL 97 / CHEVROLET TRUCK / ASTRO EXT / VAN	DELIVERY DATE 01/08/98	DELIVERY MILES 46		
	VEHICLE ID. NO. 1G3DM19W7VB122583	SELLING DEALER NO.	PRODUCT/IN DATE		
	FILE NO.	P.O. NO.	R.O. DATE 07/05/00		

WE ARE NOT RESPONSIBLE FOR PROPERTY LEFT IN VEHICLE.

LABOR & PARTS
 JOB # 1 02CTZ DIAGNOSIS UNITS: TECH(S):#12 399.90
 CUSTOMER STATES THAT VEHICLE LUNCHED TWICE AND LOST A/C.
 FUEL GAUGE GOES FROM FULL TO EMPTY BACK AND FORTH. WHEN YOU
 PUT IT IN GEAR YOU HAVE TO PUSH ACCELERATOR ALMOST TO FLOOR
 BEFORE IT WILL GO ANYWHERE. TRANS. SLIPS, TOLE RACES AT
 TIMES. WHEN SHIFTING TRANS. SLAMS INTO DRIVE AND REVERSE.
 REPLACED FUEL PUMP ASSEMBLY AND FUEL SENSOR. FUEL PUMP
 ASSEMBLY WILL NOW CARRY A LIFETIME WARRANTY AT BOBBY LAYMAN

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	25178736	*SENDER KI 3.107	495.50	495.50
JOB # 1	1	12547778	KEY,IGN,D 2.107	4.25	4.25
				JOB # 1 TOTAL PARTS	499.75
				JOB # 1 TOTAL LABOR & PARTS	999.65

J# 2 01CTZ740 ELEC WHEEL BALANCE UNITS: TECH(S):#53 0.00
 CUSTOMER REQUEST TO ROTATE AND BALANCE TIRES
 CUSTOMER DECIDED TO NOT HAVE DONE

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	
				JOB # 2 TOTAL PARTS	0.00
				JOB # 2 TOTAL LABOR & PARTS	0.00

J# 3 01CTZ24E ALIGN FRONT END UNITS: TECH(S):#53 0.00
 PERFORM FRONT END ALIGNMENT--PULLS A LITTLE TO RIGHT--FRONT
 END SHAKES, AND DASH BOUNCES.
 CUSTOMER DECIDED TO NOT HAVE ALIGNMENT DONE

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	
				JOB # 3 TOTAL PARTS	0.00
				JOB # 3 TOTAL LABOR & PARTS	0.00

ESTIMATE
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$950.00 (+TAX)

K. A. ...

Mr. Goodwrench

BOBBY LAYMAN



"EXPECT TO BE SATISFIED"
275-0500



39 "OH-OH" W. Broad St.
COLUMBUS, OHIO 43228



275-0500

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WARRANTY
PARTS AND LABOR ARE GUARANTEED FOR 12 MONTHS OR 12,000 MILES WHICHEVER OCCURS FIRST. (A COPY OF THIS REPAIR ORDER MUST BE PRESENTED.) VALID ONLY AT BOBBY LAYMAN CHEVROLET.

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PLEASE CONTACT: JOHN TACKETT (SERVICE) DICK HATFIELD (BODY) ##
275-0500

CUSTOMER NO. 117151	ADVISOR ARY H ARTHURS 300	CARD NO. 363	INVOICE DATE 07/10/00	INVOICE NO. CTC8201294
	LABOR RATE	LICENSE NO. ARX4567	MILEAGE 75282	COLOR CHERRY ICE/
	YEAR/MAKE/MODEL 97/CHEVROLET TRUCK/ASTRO EXT/VAN	DELIVERY DATE 01/08/98	DELIVERY MILES 46	STOCK NO.
	VEHICLE I.D. NO. 1GBRM19W74B122583	SELLING DEALER NO.	PRODUCTION DATE	
	P.T.E. NO.	P.O. NO.	R.O. DATE 07/05/00	

WE ARE NOT RESPONSIBLE FOR PROPERTY LEFT IN VEHICLE.

TOTALS: *aaa 0932609311*

*****	TOTAL LABOR....	399.90
\$ CASH [] CHECK [] CHARGE [] INS CHECK [] \$	TOTAL PARTS....	499.75
\$ AMEX [] VISA <i>MC</i> DISC [] UMCPF [] \$	TOTAL SUBLET....	0.00
***** CASHIER [<i>CP</i>] *****	TOTAL G.O.B....	0.00
	TOTAL MISC CHG.	0.00
	TOTAL MISC DISC	0.00
	TOTAL TAX.....	51.74
AN "*" WILL APPEAR ON ALL GM LIFE TIME WARRANTY PARTS	TOTAL INVOICE \$	751.39
YOU WILL RECEIVE A QUESTIONNAIRE FROM GENERAL MOTORS IF FOR ANY REASON YOU CANNOT GRADE US " COMPLETELY SATISFIED "	PAID <i>aaa</i>	<i>-89.97</i>
PLEASE CONTACT: JOHN TACKETT 275-0500 EXT 670	JUL 10 2000	<i>801.42</i>
<i>Signature on file</i> CUSTOMER SIGNATURE		