

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

197

Date Received

13-JUL-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

865378

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
2GCEC19R2T1219653	CHEVROLET TRU	C10	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 type="checkbox"/> New <input checked="" 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"/> Inertia Bell <input checked="" 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 Util Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10312000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 0	Date(s) of Failure(s) 10-JUL-2000 Mileage at Failure(s) 00000 Vehicle Speed at Failure(s) 0	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 0	Number of Fatalities 0	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 USING THE WINDSHIELD WIPERS THEY QUIT WORKING WITHOUT A WARNING JUST LIKE MENTIONED IN RECALLS 98V150001 AND 98V150000. \*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		FBI AGENCY USE ONLY 197	
 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	
<b>OWNER INFORMATION (Type or Print)</b> [Redacted]		<b>DEFECTS INVESTIGATION</b> Date Received: <u>00 AUG - 1 AM 11:23</u> 13-JUL-2000 OFFICE Reference No. <u>865378</u>	
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 an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Signature of Owner: [Redacted] Date: <u>7/26/00</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
<u>2GCEC19R2T1219653</u>	<u>CHEVROLET TRU</u>	<u>C10</u>	<u>1996</u>
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	Current Odometer Reading
<u>8-96</u>	<u>HARRY Folger</u>	<u>350</u>	<u>90,000</u>
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Pilot Mountain</u> State <u>N.C.</u> Zip Code _____	No Cylinders <u>8</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Front <input checked="" 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"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
<u>10312000</u>	<u>VISUAL SYSTEMS: WINDSHIELD WIPER: MOTOR</u>	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
<u>0</u>	<u>10-JUL-2000</u> Mileage at Failure(s) <u>80000</u> <u>90,000</u> Vehicle Speed at Failure(s) <u>0</u>	<input type="checkbox"/> Yes <input checked="" 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	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	<u>0</u>	<u>0</u>
Estimated Property Damage	Reported to Police		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<b>WHILE USING THE WINDSHIELD WIPERS THEY QUIT WORKING WITHOUT A WARNING JUST LIKE MENTIONED IN RECALLS 98V150001 AND 98V150000. *AK</b> on several occasions I was forced to quickly pull off the road in heavy rains when the wipers quit working. wiper circuit board replaced on 7-17-00 (copy of repair bill included).			
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 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.			

8774981

140205

# MACK BROWN, Inc.

\*INVOICE\*

2524 HIGHWAY 421 SOUTH • P.O. BOX 488  
BOONE, NORTH CAROLINA 28607  
TELEPHONE: (704) 264-9051

PAGE 1

BUS:

SERVICE ADVISOR: 282 MISTY MILLER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
BLACK	96	CHEVROLET C1500	2GCEC19R2T1219653		91869/91869		
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN1996			18:00 17JUL00		45.00	CASH	17JUL2000
R.D. OPENED	READY	OPTIONS: ENG:5.7 Liter_V8_MFI_WRN					

08:03 17JUL00	11:53 17JUL00
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LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	CUST STATES	WIPERS	INOP AT TIMES	/ /			
		WIPE	REPLACED WIPER	CIRCUT BOARD			
		208	CPT	0.80		36.00	36.00
		1	12463017	MODULE	50.41	50.41	50.41
PARTS:		50.41	LABOR:	36.00	OTHER:	0.00	TOTAL LINE A: 86.41

B	CUST STATES	CK ENG LT	COMES ON & ENG	SURGES / /			
	M	SCANNED	ECM DATA	REPLACED BANK 1	SENSOR		
		1	REPROGRAMMED	PCM W/LATEST	CALIBRAITONS		
		208	CPT	1.30		58.50	58.50
		1	25312200	W-SENSOR	102.18	102.18	102.18
PARTS:		102.18	LABOR:	58.50	OTHER:	0.00	TOTAL LINE B: 160.68

C**	RECALL	97008 / /					
CAUSE:	INSPECT ONLY	PROTECTORS	NOT REQUIRED				
	V0013	INSTALL	PROTECTIVE	COVER			
	124	W94	0.10				
	208	W94	0.20				
			0.30			13.59	13.59

FC: 96 PART#: COUNT: 0  
CLAIM TYPE:  
AUTH CODE:  
MA:

PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE C:	0.00
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CUSTOMER PAY HAZARDOUS WASTE FOR REPAIR ORDER: 9.45

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 1) 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/units. 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/units.	LABOR AMOUNT	94.50
	CUSTOMER SIGNATURE	PARTS AMOUNT	152.59
		GAS, OIL, LUBE	0.00
		SUSLET AMOJNT	0.00
		MISC. CHARGES	9.45
		TOTAL CHARGES	256.54
		LESS INSURANCE	0.00
		SALES TAX	9.16
	SIGNED: DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)	PLEASE PAY THIS AMOUNT	265.70

CUSTOMER COPY

