

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

335

Date Received

19-JUL-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

865690

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
1FAPP6042LH179539	FORD	THUNDERBIRD	1990	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" 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 Utility 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 12250000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	Location	Failed Part(s)
		<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 0	Date(s) of Failure(s) 01-FEB-2000	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 35600	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) 0		

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	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

DRIVER'S SIDE SEAT BELT WILL NOT CLICK INTO THE LOCKING MECHANISM. CONSUMER FEELS THIS IS UNSAFE.*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 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		FOR AGENCY USE ONLY 335 Date Received 19-JUL-2000 RECEIVED 00 JUL 29 AM 11:39 OFFICE DEFENSE INVESTIGATION 865690	
OWNER INFORMATION (Type or Print)				Work Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.				Home Number	
Signature of Owner _____ Date 7/1/00					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (shown at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	
1FAPPG042LH179638	FORD	THUNDERBIRD	1990	34043	
Purchase Date 9-91 NEW	Dealer's Name PRESTON FORD - KIA		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City SHARON	State Pa	No. Cylinders	Zip Code 16146	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
<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 type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
					<input checked="" type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
					<input checked="" type="checkbox"/> 2-Door <input 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 1226000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES		Location		Failed Part(s)
			<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 0	Date(s) of Failure(s) 01-FEB-2000		Failed Part(s) Available?		NHTSA Previously Contacted?
	Mileage at Failure(s) 35000		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vehicle Speed at Failure(s) 0				
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	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
DRIVER'S SIDE SEAT BELT WILL NOT CLICK INTO THE LOCKING MECHANISM. CONSUMER FEELS THIS IS UNSAFE. *AK I FEEL THIS PART SHOULD BE REPLACED BY THE MFG. OR FORD. MY CAR DIDN'T EVEN HAVE 34000 MI. ON IT AND I'M USUALLY THE ONLY DRIVER. IT MUST HAVE BEEN DEFECTIVE TO GO BAD AT SUCH A LOW MILEAGE. HOW MANY PEOPLE HAVE THIS PROBLEM AND WAIT TO HAVE IT FIXED? MINE HAPPENED IN FEB. AND I WAS UNABLE TO HAVE IT REPAIRED UNTIL JULY, SO DURING THAT TIME I WAS UNABLE TO FASTEN MY SEAT BELT. HOW MANY PEOPLE KILLED IN ACCIDENTS HAVE DEFECTIVE SEAT BELTS WHEN THEY CLAIM THEY WEREN'T WEARING ONE? DO THE POLICE OR INSURANCE CO. CHECK?					
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.					

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PRESTON FORD - KIA

1251 EAST STATE ST.
SHARON, PA 16148
(724) 981-8140
1-800-772-8197

INVOICE

PAGE 1

SERVICE ADVISOR: 46 CHRIS SHANDER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT
WHITE	90	FORD THUNDERBIRD	1FAPP6042LH179539		33879/33879
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	PAYMENT
01JAN1990			WAIT 27JUL00		CASH 27JUL2000
R.O. OPENED	READY	OPTIONS: 3)BODY=2DR 5)# CYL=0 7)OH 8)0000 9)0000			
10:04 27JUL00	10:54 27JUL00				

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A							
A CUST STATES CHECK FOR SEATBELT BUCKLE (LH) IN-OP							
MM REPLACE SEATBELT BUCKLE							
				45 CC10		0.80	
				1 F1SZ*6361203*REE STRP & BKLE ASY-FRT ST BEL			43.20
				LH	19.37	17.43	17.43
PARTS:				17.43	LABOR:	43.20	OTHER:
						0.00	TOTAL LINE A:
							60.63

B LUBE ,OIL FILTER							
1P LUBE ,OIL FILTER							
				45 CS		0.30	
				1 FL*400*S FILTER - OIL ASSY	6.31	6.00	6.00
				5 LUBE1 OIL	1.30	1.30	6.50
PARTS:				12.50	LABOR:	7.45	OTHER:
						0.00	TOTAL LINE B:
							19.95

WE APPRECIATE YOUR BUSINESS

PA. CK # 1371 RR

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 The factory warranty constitutes all of the warranties with respect to the sale of this item/brand. 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/brand.	DESCRIPTION	TOTALS
		LABOR AMOUNT	50.65
PARTS AMOUNT	29.93		
GAS, OIL, LUBE	0.00		
SUBLET AMOUNT	0.00		
MISC. CHARGES	0.00		
TOTAL CHARGES	80.58		
LESS INSURANCE	0.00		
SALES TAX	4.84		
PLEASE PAY THIS AMOUNT	85.42		

CUSTOMER COPY