

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

125

Date Received

21-JUL-2000

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

865833

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
1G4AH51NXKT458842	BUICK	CENTURY	1989	

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 Belt <input 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 type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component 13160000	Part Name(s) STRUCTURE:FRAME:MEMBERS AND BODY:OTHER PARTS	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	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	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	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)

**RIGHT FRONT CRADLE BOLTS RUSTED AND PULLED THROUGH THE FRAME WHICH COULD HAVE RESULTED IN A COLLISION. VEHICLE NOT INCLUDED IN RECALL 97V058000. DEALER REPLACED THE RIGHT FRONT BOLTS AND WASHER. PLEASE GIVE ANY 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.

 <b>DOT Auto Safety Hotline</b> 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>FOR AGENCY USE ONLY 125</b> RECEIVED 00 AUG 11 AM 11:09 21 JUL 2000 OFFICE DEFECTS INVESTIGATION		Od or rt dr _____ od rt _____ up ltr _____
<b>OWNER INFORMATION (Type or Print)</b> [Redacted]				Reference No. <b>865833</b>		Work Number _____ Home Number _____
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 authorized signature, please print your name and address to the vehicle manufacturer.						
Signature of Owner [Redacted]				Date <b>8/7/00</b>		
<b>VEHICLE INFORMATION</b>						
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>1G4AH51NXKT458842</b>		Vehicle Make <b>BUICK</b>	Vehicle Model <b>CENTURY</b>	Vehicle Year <b>1989</b>	Current Odometer Reading <b>198,145</b>	
Purchase Date <b>3/89</b>	Dealer's Name <b>BARRY BUICK</b>		Engine Size (CID/CCL) <b>6</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	<input type="checkbox"/> No Cylinders	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <b>LAKESIDE</b> State <b>OH</b> Zip Code <b>44107</b>		Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Drive Train	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport UTR <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <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		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>						
Component <b>13168000</b>	Part Name(s) <b>STRUCTURE:FRAME-MEMBERS AND BODY:OTHER PARTS</b>		Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement		
No of Failures <b>1</b>	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)		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		
<b>APPLICATION INCIDENT INFORMATION</b>						
(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 <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage <b>200.00</b>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>						
<b>RIGHT FRONT CRADLE BOLTS RUSTED AND PULLED THROUGH THE FRAME WHICH COULD HAVE RESULTED IN A COLLISION. VEHICLE NOT INCLUDED IN RECALL 97V058000. DEALER REPLACED THE RIGHT FRONT BOLTS AND WASHER. PLEASE GIVE ANY FURTHER DETAILS.*AK</b>						
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4660

510237 Steve Barry Buick, Inc.

\*INVOICE\*

16000 DETROIT AVENUE  
LAKEWOOD, OHIO 44107-3713  
(216) 221-7000



DUPLICATE 1  
PAGE 1

SERVICE ADVISOR: 60 BOB BECK

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
BURGANDY	1989	BUICK CENTURY	1G4AH51NXKT458842		198145/198145	T65
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT
01JAN1989			18:00 19JUL00		65.00	AAAS
R.O. OPENED	READY	OPTIONS: DLR:41556				

09:05 19JUL00 14:41 19JUL00

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A QUICK LUBE PLUS

QL QUICK LUBE PLUS

16 CP 0.40 10.00 10.00

1 25010792 OIL FLTR 6.95 6.95 6.95

1 5QT ENGINE OIL 8.00 8.00 8.00

\*\*\*\*\*

B CHECK ALL FLUIDS AND FILTERS

100 REPLACE AIR FILTER

16 CP 0.00 0.00 0.00

1 25095333 AIR FLTR 8.12 8.12 8.12

\*\*\*\*\*

C CHECK FOR STEAM FROM RADIATOR

100 REPLACE LEAKING LOWER RADIATOR HOSE

16 CP 1.00 65.00 65.00

1 71310DA RAD HOSE 30.56 30.56 30.56

1 PEAK COOLANT 8.00 8.00 8.00

\*\*\*\*\*

D CHECK FOR LOSS OF COOLANT

300 REPLACE RUSTED THROUGH RIGHT FRONT CRADLE

BOLT & WASHERS (CAUSE OF HOSE LEAK)

16 CP 1.00 65.00 65.00

1 10409029 BOLT 6.23 6.23 6.23

1 10139080 RETAINER 8.25 8.25 8.25

1 14103535 INSULATOR 12.93 12.93 12.93

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CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER 9.10

NOTE: R FRT CRADLE BOLT RUSTED  
OUT AND PULLED THROUGH FRAME  
OF ENGINE CRADLE!

ALL PARTS SOLD OR USED ARE SUBJECT TO THE MAGNUSON-MOSS ACT AND THE MERCHANDISE  
RETURNED IN UNDER LIMITED WARRANTY BY THE MANUFACTURER. THE TERMS OF THIS WARRANTY  
WILL BE AVAILABLE FOR YOUR INSPECTION.

I hereby authorize the repair work to be done along with the necessary material, and I hereby grant you and/or  
your employees permission to operate the vehicle herein described at streets, highways or elsewhere in the  
course of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to  
secure the amount of repairs thereon. Dealer not responsible for unavailability of parts or delay in parts  
shipment beyond dealer's control. I understand that STEVE BARRY BUICK, INC. has responsibility for repairs  
occasioned by theft, accident, fire or vandalism while the property remains with the dealer. Customer states no  
articles of personal property have been left in the vehicle and the dealer is not responsible for production  
thereof.

ALL PARTS ARE NEW UNLESS SPECIFIED OTHERWISE BY REBUILT (R.D.) OR USED (U)

ORIGINAL ESTIMATE	CUSTOMER ACCEPTANCE	AUTHORIZED AGENCY	DATE
	SIGNATURE		TIME
			BY

REPLACED PARTS WILL BE RETURNED UNLESS SPECIFIED OTHERWISE. ALL PARTS WHICH ARE COVERED  
BY MANUFACTURERS WARRANTY OR ARE TO BE REBUILT OR SOLD BY US MUST BE RETURNED TO  
MANUFACTURER AND WILL NOT BE RETURNED TO THE CUSTOMER. (10 SCARD)

SERVICE / PARTS  
BODY SHOP HOURS:

Monday thru Friday  
8:00 am - 5:30 pm

DESCRIPTION	TOTALS
LABOR AMOUNT	140.00
PARTS AMOUNT	89.04
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	9.10
TOTAL CHARGES	238.14
LESS INSURANCE	22.12
SALES TAX	16.67
PLEASE PAY THIS AMOUNT	232.69

CUSTOMER COPY