

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 156

Date Received

11-AUG-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

867585

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
JT2AEO4BXS0117176	TOYOTA	COROLLA	1995	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Yes <input 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 <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Manual <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 12230000	Part Name(s) INTERIOR SYSTEMS;SHOULDER BELTS	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	Date(s) of Failure(s) 01-MAY-1997	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 6	<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	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				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

DRIVER'S SEAT BELT SYSTEM MALFUNCTIONED, CAUSING SHOULDER BELT TO GET STUCK, AND WONT PROTECT OCCUPANT IN EVENT OF A CRASH. PLEASE PROVIDE FURTHER INFORMATION. *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.



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DO
1-888-327-4236
www.nhtsa.dot.gov/hotline

RECEIVED
11 AUG 30
OFFICE OF INVESTIGATION

FOR AGENCY USE ONLY

158

Date Received

PM 3:16
11-AUG-2000

Old or
rtr
old or
up tr

Reference No.

887585

Work Number

Home Number

OWNER INFORMATION (Type or Print)

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 your name and address to the vehicle manufacturer.

YES NO

Signature of Owner

Date 8/25/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) JT2AE04BXSO117176	Vehicle Make TOYOTA	Vehicle Model COROLLA	Vehicle Year 1995	Current Odometer Reading 26,100
--	------------------------	--------------------------	----------------------	------------------------------------

Purchase Date 5-31-95	Dealer's Name APPLEWAY TOYOTA	Engine Size (CID/CC/LITER) 1.6 LITER	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City SPOKANE State WA Zip Code 99212	No Cylinders 4	

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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	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
---	---	--	---	---	---	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12230090	Part Name(s) INTERIOR SYSTEMS: SHOULDER BELTS	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) BOTH 3 TIMES REPLACED
-----------------------	--	--	---

No of Failures 3 3 TIMES 3 REPLACED	Date(s) of Failure(s) 01-MAY-1997 - APRIL 98 - AUG 2000	Mileage at Failure(s) 8	Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No DEALER	NHTSA Previously Contacted? <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	FIR <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)

DRIVER'S SEAT BELT SYSTEM MALFUNCTIONED, CAUSING SHOULDER BELT TO GET STUCK, AND WONT PROTECT OCCUPANT IN EVENT OF A CRASH. PLEASE PROVIDE FURTHER INFORMATION. *AK

REPLACED 3 TIMES AT DEALER,

MAY - 97 - NEW REPLACEMENT
APRIL 98 - NEW REPLACEMENT
AUG 2000 - NEW PLACEMENT

VEH. IDENT NO.
JT2AE04BXSO117176

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.

THE APPLEWAY GROUP

2030500

7 2 3 5 0 3



TOYOTA



*MAKE
JAPAN
CAR*

INVOICE



SUBARU



PAGE 1

CHEVROLET • TOYOTA
SUBARU • VW • AUDI
MAZDA • MITSUBISHI

SERVICE ADVISOR: 696 STEPHEN SCHUMACHER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
BLUE	1995	TOYOTA COROLLA	JT2AE043XS017176		25731/25731	12917	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
30MAY1995			WAIT 11AUG00	25809	EST WARR		11AUG2000
R.O. OPENED	READY	OPTIONS	DLR:45066				
07AUG00	11AUG00						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A CUST REPORTS THAT THE DRIVER'S SEAT BELT LOCKS UP AND WON'T PULL OUT AT TIMES.

711501 FRONT SEAT BELT (ONE SIDE) R&R
65 WT45

1 73220-0202 -JO BELT ASSY, FR SEAT,

26.40	26.40
105.33	91.81
	91.81

25731 SEAT BELT LOCK MECHANISM IRATIC REMOVE AND REPLACE BELT WITH NEW
OPCODE 711501 Q.4 6500040

NEW CODE

Appleway Chevrolet
East 8500 Sprague
Spokane, WA 99212
(509) 924-1150

Appleway Toyota
East 8600 Sprague
Spokane, WA 99212
(509) 924-1414

Appleway Subaru-VW-Audi-Mazda
East 10000 Sprague
Spokane, WA 99206
(509) 924-8900

Appleway Mitsubishi
East 8400 Sprague
Spokane, WA 99212
(509) 927-3850

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. 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/items.

CUSTOMER SIGNATURE

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

The information contained on the estimate, worksheet, and/or repair order is incorporated herein by reference.

CUSTOMER COPY

APPLEWAY AUTOMOTIVE GROUP



8500 East Sprague Avenue
 P.O. Box 14553
 Spokane, WA 99214-0558
 Phone: (509) 924-1150

CHEVROLET
 GEO
 TOYOTA
 SUBARU
 VW/AUDI
 MITSUBISHI
 LEXUS
 MAZDA

291

SPECIAL ORDER NUMBER 892381	DATE ORDERED 27MAR98	DATE CLOSED	CUSTOMER PO NUMBER	DATE PRINTED 31MAR98	# OF LINES 1
--------------------------------	-------------------------	-------------	--------------------	-------------------------	-----------------

QTY 1	PART NUMBER 13220-02021-00	DESCRIPTION BELT ASSY, F	BIN	ORD NBR 15327	PRIORITY STK	ORD DATE 27MAR98	REC DATE 31MAR98	EMPLOYEE 320
5011/176		CUSTOMER NUMBER 2030500		WORK PHONE NUMBER				

Rec'd Belt 3-31-98

★

PARTS SPECIAL ORDER FORM

It was necessary for us to SPECIAL order the above item(s) for you. *** Thank you for giving us the opportunity to serve you.***

THE APPELWAY GROUP



3 6 2 3 8 1

INVOICE

PAGE 1

CHEVROLET • GBU • TOYOTA
SUBARU • VW • AUDI
MAZDA • MITSUBISHI • LEXUS

SERVICE ADVISOR: 291 MANJURI GUERRERO

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
ORCHID BLU	95	TOYOTA COROLLA	JTZAEO4BXS011776		13132/13132	T0412
DEL DATE	PROD DATE	WARR EXP	PROMISED	PD NO	RATE	PAYMENT
						INV. DATE
30MAY95			WAIT 02APR98	EST	WARR	02APR98
R/O OPENED	READY	OPTIONS: DLR:46066 ENG:4AK906437				
27MAR98	02APR98					

LINE OF CODE TECH TYPE HOURS LIST NET TOTAL

A/C/S DRIVERS SEATBELT WILL NOT COME OUT
711501 FRONT SEAT BELT (ONE SIDE) R&R
657 W#45
1 73229-02021-JO BELT ASSY, FR SEAT
24.80 98.05 112.48 24.80 98.05

13132 C- SEAT BELT MONT COME OUT. C- SEAT BELT B&E. R- R&R SEAT BELT.
OP CODE 711501 6570040.

DESCRIPTION	LABOR AMOUNT	PARTS AMOUNT	GAS, OIL, LUBE	SUBLET AMOUNT	MISC. CHARGES	TOTAL CHARGES	LESS INSURANCE	SALES TAX	PLEASE PAY THIS AMOUNT
TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

STATEMENT OF DISCLAIMER
The factory warranty covers all the work done with respect to the sale of the vehicle. The dealer hereby expressly disclaims all warranties, either written or implied, including any implied warranty of merchantability or fitness for a particular purpose. Dealer neither warrants nor authorizes any other person to represent for it any selling in connection with the sale of this vehicle.

CUSTOMER SIGNATURE

APPELWAY TOYOTA
East 8600 Sprague
Spokane, WA 99212
(509) 924-1444

VW-Audi-Mazda
East 8400 Sprague
Spokane, WA 99212
(509) 927-3650

APPELWAY CHEVROLET-GAU
East 8500 Sprague
Spokane, WA 99212
924-1150

06
ne

contained on the estimate, worksheet, or is incorporated herein by reference.
CUSTOMER COPY



APPLEWAY AUTOMOTIVE GROUP

8500 East Sprague Avenue
 P.O. Box 14558
 Spokane, WA 99214-0558
 Phone: (509) 924-1160

CHEVROLET
 GEC
 TOYOTA
 SUBARU
 YW/ AHOI
 MITSUBISHI
 LEXUS
 MAZDA

1-800-331-4331
 TOYOTA

VEHICLE ID

SPECIAL ORDER NUMBER 952256	DATE ORDERED 24 APR 97	DATE CLOSED	CUSTOMER PO NUMBER	DATE PRINTED 28 APR 97	# OF LINES 1
--------------------------------	---------------------------	-------------	--------------------	---------------------------	-----------------



VEHICLE ID 80177126	CUSTOMER NUMBER 2030500	WORK PHONE NUMBER
------------------------	----------------------------	-------------------

QTY	PART NUMBER	DESCRIPTION	BIN	ORD NBR	PRIORITY	ORD DATE	REC DATE	EMPLOYEE
1	73220-02021-J0	BELT ASSY, F		15424	STK 24	24 APR 97	28 APR 97	320
<i>Rec'd PART 4-28 MANN</i>								

It was necessary for us to SPECIAL order the above item(s) for you.
 *** Thank you for giving us the opportunity to serve you ***

PARTS SPECIAL ORDER FORM

2030500

352256

THE APPLEWAY GROUP

CHEVROLET GEO TOYOTA MAZDA



INVOICE

PAGE 1

SERVICE ADVISOR: 291 MANUEL GUERRERO

Table with columns: COLOR, YEAR, MAKE/MODEL, VIN, LICENSE, MILEAGE IN/OUT, TAG, DEL DATE, PROD. DATE, WARR. EXP., PROMISED, PO. NO., RATE, PAYMENT, INV. DATE, R.O. OPENED, READY, OPTIONS.

Table with columns: LINE, OPCODE, TECH, TYPE, HOURS, LIST, NET, TOTAL. Includes text: A C/S DRIVERS SEATBELT WILL LOCK UP AND OT RELEASE OFF HOLD.

60600040 OP CODE 711501 C.SEATBELT WILL NOT RELEASE C.SEATBELT RELEASE NOT WORKING F.REPLACED SEATBELT

Table with columns: Description, Totals. Includes sections for Appleway Chevrolet-Geo, Appleway Toyota, Appleway Subaru-VW-Audi-Mazda, Appleway Mitsubishi, and STATEMENT OF DISCLAIMER.

The information contained on the estimate, worksheet, and/or repair order is incorporated herein by reference.

CUSTOMER COPY