

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

28-AUG-2000

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

Reference No.

868890

 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>(Listed at front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G1BL52W3SR1O2138	AMERTEK	CF4000L	1990	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <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 Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input 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 02700000 02000000	Part Name(s) TIRES SUSPENSION	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <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) 13-JUN-1999 Mileage at Failure(s) 19000 Vehicle Speed at Failure(s) 2	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> 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)

PE200020; ORIGINAL EQUIPMENT ON A 1995 CHEVROLET CAPRISE. CONSUMER TOOK VEHICLE TO SHOP FOR VIBRATION OF A LEFT FRONT TIRE. MECHANIC SAID TIRES WERE BAD AND NEEDED TO BE REPLACED. TIRES COULD BLOWOUT AT ANYTIME. HAD 19,000 MILES ON THEM. \*AK

CONTINUED ON BACK PLEASE

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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National Highway Traffic Safety Administration

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**Vehicle Owner's Questionnaire (VOQ)**  
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1-888-327-4236  
www.nhtsa.dot.gov/hotline

**RECEIVED**  
FOR AGENCY USE ONLY 335

Date Received: 10/01/99 PM 12:58  
OFFICE: 28 AUG 2000  
DEFECTS INVESTIGATION

od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
yo\_lr \_\_\_\_\_

Reference No.  
868890

Work Number \_\_\_\_\_  
Home No. \_\_\_\_\_

OWNER INFORMATION (Type or Print)

[Redacted] 631356

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: [Redacted] Date: 10/1/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G1BL52WQSR1O2138	Vehicle Make CAPRICE AMERTEK Chev	Vehicle Model CF4000L	Vehicle Year 1995 4000	Current Odometer Reading 82138
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Purchase Date 18 July 96	Dealer's Name Marit Chevrolet	Engine Size (CID/CC/L) 4.3 <sup>2600</sup> 300 HP	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City, State, Zip Code St Paul MN 55119	No Cylinders 8	

Transmission Type <input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
--	---	---	--	---	---	---

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02700000 02000000	Part Name(s) TIRES SUSPENSION	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"/> Replacemen
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No of Failures 0	Date(s) of Failure(s) 13-JUN-1999	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	Mileage at Failure(s) 19000 57266	NHTSA Previously <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 <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 Fatalitie 0	Estimated Property Damag .	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

PE200020; ORIGINAL EQUIPMENT ON A 1995 CHEVROLET CAPRICE. CONSUMER TOOK VEHICLE TO SHOP FOR VIBRATION OF A LEFT FRONT TIRE. MECHANIC SAID TIRES WERE BAD AND NEEDED TO BE REPLACED. TIRES COULD BLOWOUT AT ANYTIME. HAD 19,000 MILES ON THEM. \*AK 57266

OVER



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration  
400 Seventh St., S.W.  
Washington, D.C. 20590  
Official Business  
Penalty for Private Use \$300

U.S. G.P.O. 1990 - 625-877 / 6000

Had a 1991 Caprice at 19000 miles by agreement  
on front tire. Contacted contact who contacted  
BBB. no satisfaction called contacted at Ohio Dept  
Let me have a set of 4 "45's" or price. A was  
all my knowledge but had to replace so paid  
the "45's" the Tech Place in 1992. The tires were  
P 215/75R-15 all across and showed Armco's

Fold to show return address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

THE IDENTIFICATION NO.	P 215 75 R 15	MANUFACTURER/TIRE NAME	Armco's Armco's	SIZE	P 215-75R-15
* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.					
NARRATIVE DESCRIPTION (CONTINUED)					

75626

240967

INVOICE



Committed to customer satisfaction since 1949

194 & Century Avenue  
Saint Paul, MN 55118  
Phone (612) 739-4400

Direct to Service: (612) 739-4985

PAGE 1

SERVICE CONSULTANT: 9427 JODY LANDBURG

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN	TAG
PURPLE	1995	CHEVROLET CAPRICE	1G1BL52W3SR102138	50121	58866	T1535
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	PAYMENT	INV DATE
28MAR1995			12:30 13JUL99		DIS	13JUL1999
R.O. OPENED	READY	OPTIONS: STK:50121 DLR:04564 1)NEW CAR DEMO				
18:48 12JUL99	09:35 13JUL99					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	EVERY 3,000	/	3 MONTH FACTORY MAINTANANCE SERVICE INCLUDES INSPECTION AND OIL AND FILTER CHANGE				
12	EVERY 3,000	/	3 MONTH FACTORY MAINTANANCE SERVICE INCLUDES INSPECTION AND OIL AND FILTER CHANGE				
			280 C			13.80	13.80
			25171377 FILTER		6.34	5.50	5.50
			1 999 OIL		5.51	5.51	5.51
MISC	COUPON		CADS			-5.00	-5.00
B	VEHICLE NEED TO BE ROAD TESTED.						
	NO CHARGE TO OWNER FOR THIS REPAIR						
			5500 C			0.00	0.00
58866	I	ROAD TESTED THE CAR. THE TIRES ARE BAD AND NEED TO BE REPLACED ASAP. FOR SAFTY REASONS. THE FRONT TIRES COULD BLOW OUT AT ANY TIME.					
C**	REPLACE FRONT BRAKE PADS AND RESURFACE ROTORS. (AS NECESSARY)						
72A	REPLACE FRONT BRAKE PADS AND RESURFACE ROTORS. (AS NEEDED) 2WD WFRONT WHEEL BEARING CLEAN, INSPECTION, AND REPACKING SERVICE					106.97	106.97
			5500 C				
18024921	PAD KIT				66.48	60.00	60.00
2	3965092 SEAL ASM				6.54	6.54	13.08
58866	I	REPLACED THE FRONT BRAKE PADS, RESURFACED BOTH FRONT BRAKE ROTORS, AND REPACKED BOTH SIDE FRONT WHEEL BEARINGS. THEN ROAD TESTED. IT ROAD TESTED OK. I ALSO CLEANED AND ADJUSTED BOTH SIDE REAR BRAKES.					
D**	REPLACE SERPENTINE BELT. INSPECT AND CLEAN PULLEYS AND TENSIONER.						
26	REPLACE SERPENTINE BELT. INSPECT AND CLEAN PULLEYS AND TENSIONER.					29.95	29.95
			5500 C				
12550149	BELT-GEN				32.00	29.60	29.60
58866	DONE.						

PAID

DISC 1111 1999

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

CUSTOMER COPY

75626

240967



Committed to customer satisfaction since 1943!

194 & Century Avenue

Saint Paul, MN 55119

Phone (612) 739-4400

Direct to Service: (612) 739-4985

INVOICE

PAGE 2

SERVICE CONSULANT: 9427 JODY LANDBURG

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN	TAG
PURPLE	1995	CHEVROLET CAPRICE	1G1RT52W3SR102138	50121	58866	T1535
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	RO NO	PAYMENT	INV. DATE
28MAR1995			12:30 13JUL99		DIS	13JUL1999
R.O. OPENED		READY	OPTIONS: STK:50121 DLR:04564 1)NEW CAR DEMO			

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
CHECK FOR A VIB ON THE HIWAY-C MIKE L							
NC NO CHARGE TO OWNER FOR THIS REPAIR							
				5500		0.00	0.00
58866 THE VIBRATION IS THE LEFT FRONT TIRE, IT HAS A BIG LUMP ON IT CAUSING THE VIBRATION.							
*****							
CUSTOMER PAY SUPPLY/HAZARD FOR REPAIR ORDER							0.97

**SERVICE HOURS**  
 MONDAY-THURSDAY  
 7:00 A.M. - 2:00 A.M.  
 FRIDAY  
 7:00 A.M. - 6:00 P.M.  
 SATURDAY  
 8:00 A.M. - NOON

**BODY SHOP HOURS**  
 MONDAY-FRIDAY  
 7:00 A.M. - 6:00 P.M.

**IMPORTANT!**  
 YOU MAY BE RECEIVING A  
 QUESTIONNAIRE FROM CHEVROLET  
 MOTOR DIVISION IN THE NEXT FEW  
 DAYS. IF FOR ANY REASON YOU  
 WOULD NOT RATE US  
 "COMPLETELY SATISFIED" ON ANY  
 QUESTION, PLEASE CONTACT  
 BRUCE MAPLES OF MERIT  
 CHEVROLET AT (612) 739 4400

**STATEMENT OF DISCLAIMER**  
 The factory warranty constitutes all of the warranties with respect to the sale of the vehicles. The Seller hereby expressly declines 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 the vehicles.

ALL PARTS NEW ORIGINAL EQUIPMENT UNLESS OTHERWISE SPECIFIED  
 L-USED R-REBUILT Y-RECYCLED C-RECONDITIONED

CUSTOMER SIGNATURE  
 X

DESCRIPTION	TOTALS
LABOR AMOUNT	150.72
PARTS AMOUNT	113.69
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	-4.03
TOTAL CHARGES	260.38
LESS ADJUSTMENT	0.00
SALES TAX	7.45
PLEASE PAY THIS AMOUNT	267.83

CUSTOMER COPY