

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

08-SEP-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

869815

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
1G8ZH528XSZ386483	DUNLOP	TUBELESS	1900	

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 <input type="checkbox"/> Manual <input 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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <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
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740000	Part Name(s) TIRES: TREAD	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) 20-JUL-2000	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) _____		
	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 <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)

ORIGINAL EQUIPMENT ON A SATURN SL1 1995, P175/70R14845, W2 EP YAA, TUBELESS DUNLOP FR480. CONSUMER STATES WHILE DRIVING DOWN THE HIGHWAY FELT LIKE THE VEHICLE HAD A FLAT, REAR PASSENGER SIDE TIRE THE TIRE TREAD CAME OFF, AIR DID NOT COME OUT.

CONTINUED 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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 335</p>	
		<p>Date Received 06-SEP-2000 EFFECTS INVESTIGATION</p>	<p>Od or rt_dt gr_mt up_ltr</p>
<p>OWNER INFORMATION (Type of Report)</p> <p>[Redacted] 35248</p>		<p>Reference No. 869815</p>	
<p>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.</p> <p>Signature of Owner [Redacted] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date 11, 8, 00</p>		<p>Work No. [Redacted] Home No. [Redacted]</p>	

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.

Signature of Owner [Redacted] YES NO
Date **11, 8, 00**

Vehicle Identification No. (VIN)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G8ZH52BXSZ386483	DUNLOP	DUNLOP	1990	58,666
Purchase Date	Dealer's Name	City	State	Zip Code
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Saturn of West Sahara	Las Vegas	NV	89102
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
<input checked="" type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type	Body Style	Engine Size (CID/CC/L)	No. Cylinders	Turbo Diesel Gas Fuel Injection
<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Util Truck <input checked="" type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck	4	4	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
02740000	TIRES:TREAD	<input type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)
0	20 JUL 2000	7,800 - 57,800	0
Failed Part(s)	NHTSA Previously		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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	Number of Persons Injured	Number of Fatalities	Estimated Property Damaged	Reported to Pol.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	\$ 532.30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

ORIGINAL EQUIPMENT ON A SATURN, SL1, 1995, P175/70R1484S, W2 EP VAA, TUBELESS DUNLOP, FR480. WHILE DRIVING DOWN HIGHWAY FELT LIKE VEHICLE HAD A FLAT, REAR PASSENGER'S SIDE TIRE TREAD CAME OFF, AIR DID NOT COME OUT.*AK

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.

Masterkraft Body & Paint

1180 N. Nellis Blvd. • Suites A-3/A-4 • Las Vegas, NV 89110
(702) 452-4511 • Fax 452-1671

№ 5976

Licensed • Bonded • Insured

Complete Auto Body • Paint • Foreign & Domestic

NAME		DATE	
ADDRESS		8-23-00	
CITY		RES.	
YEAR		BUS.	
LICENSE NO.		ODOMETER	
860 FSU		WRITTEN BY	
VIN		DATE OF LOSS	
3GBZH528X5Z386483		AFC.	

LABOR	PART NO. & DESCRIPTION	PRICE	LABOR	PARTS CONTINUED	PRICE
1.5	repl rear bumper	216.26	2.0	REFINISH RT bumper	
5	RT rear tail lamp		2.5	Blend rt rear door	
5	RT rear door Belt moulding				
5	RT rear door Handle outer				

LIMITED WARRANTY
MASTERKRAFT stands behind all parts & labor for 2 years.
Void of Warranty because of misuse, negligence, alteration, accident or lack of maintenance. MASTERKRAFT must perform work.

POWER OF ATTORNEY
The undersigned, hereinafter called "Insured" for the consideration of repairs made to "Insured's" automobile, made to Insured's entire satisfaction by MASTERKRAFT BODY & PAINT does hereby grant to MASTERKRAFT BODY & PAINT, Insured's power of attorney to sign or endorse any checks, and/or drafts made payable to Insured and any releases thereto, as settlement for Insured's claim for damages to the above described vehicle.

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you, and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of making another inspection. An express mechanic's lien is hereby acknowledged on said vehicle to secure the amount of repairs thereto. In the event legal action is necessary to enforce this contract, I will pay reasonable attorney's fees and court costs.

I hereby acknowledge responsibility for the entire amount of repairs. \$ _____
\$25.00 per day storage charge after 48 hrs. completion.

CUSTOMER SIGNATURE AND ACKNOWLEDGEMENT OF COPY
NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL

Parts Total	216.26
3.7 Paint @ 34.00 per hour	125.80
3.7 Materials @ 20.00 per hour	74.00
2.8 Labor @ 34.00 per hour	95.20
Frame Time @ 34.00 per hour	
Towing & Storage	
Hazardous Waste Disposal	
SUBTOTAL	511.26
Deductible	
Tax	21.00
TOTAL	532.26