

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 150

Date Received

15-SEP-2000

 Od_or _____
 Rt_dt _____
 Od_rt _____
 Up_ltr _____

Reference No.

870686

 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
1G6KY5495YU158719	CADILLAC	SEVILLE	2000	

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 checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input 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 Ult. Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A	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	Date(s) of Failure(s) 13-AUG-2000 Mileage at Failure(s) 8000 Vehicle Speed at Failure(s) _____	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 checked="" type="checkbox"/> Yes <input 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)

STARTING OUT FROM A DEAD STOP, STRUCK A VERY SMALL TRAFFIC ISLAND WHILE DRIVING APPROXIMATELY 5-10 MPH. WITHOUT FRONT END IMPACT, DUAL AIRBAGS DEPLOYED. DEALER TOOK VEHICLE THE NEXT DAY TO INSPECT IT, AND STATED THAT ORIGINAL CLAIM WILL COVER DAMAGES. ABOUT 3 WEEKS LATER, AN OUTSIDE COMPANY CLAIMED A SCRAPE WAS FOUND ON THE FRAME, AND WARRANTY WOULD NOT COVER DAMAGES. AK

CONTINUED ON BACK (REVERSE)

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 Vehicle Owner's Questionnaire (VOQ)		FOR AGENCY USE ONLY 160	
U.S. Department of Transportation National Highway Traffic Safety Administration		NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received 09 OCT 2000 08 SEP 2000	Od_or _____ rt_dt _____ od_rt _____ up_itr _____
[Redacted]		Reference No. 870686	Work Number _____ Home No. _____
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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date 10/2/2K	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G6KY5495YU158719	Vehicle Make CADILLAC	Vehicle Model SEVILLE	Vehicle Year 2000
Current Odometer Reading _____		Purchase Date _____	
Dealer's Name <u>Courtesy Motors</u>		Engine Size (CID/CCIL) <u>4.6L</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Chico</u> State <u>GA</u> Zip Code <u>95973-1307</u>	No Cylinders <u>6</u>	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input 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 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 Utl <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 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONTA	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures _____	Date(s) of Failure(s) <u>13-AUG-2000</u> Mileage at Failure(s) <u>8000</u> Vehicle Speed at Failure(s) <u>5-10 MPH</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <input checked="" type="checkbox"/> Yes <input 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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
STARTING OUT FROM A DEAD STOP, STRUCK A VERY SMALL TRAFFIC ISLAND WHILE DRIVING APPROXIMATELY 5-10 MPH. WITHOU FRONT END IMPACT, DUAL AIRBAGS DEPLOYED. DEALER TOOK VEHICLE THE NEXT DAY TO INSPECT IT, AND STATED THAT ORIGINAL CLAIM WILL COVER DAMAGES. ABOUT 3 WEEKS LATER, AN OUTSIDE COMPANY CLAIMED A SCRAPE WAS FOUND ON THE FRAME, AND WARRANTY WOULD NOT COVER DAMAGES.*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			



Cadillac
BAR # AL197315

Anderson

1300 EL CAMINO REAL
MENLO PARK, CA 94025-4211
(800) 555-1100



Oldsmobile
E.P.A. # CAD981577968

NOTICE TO CONSUMER: PLEASE READ THIS INFORMATION ON BACK.

STOCK NO.	APPROVAL	FACTORY	INVOICE DATE	INVOICE NO.
	GALAN EVERETT SMIT 424	33	10/13/00	CDCB93032
	4HTP105	8114	WHITE	STOCK NO.
YEAR-MAKE-MODEL	00/CADILLAC/SEVILLE 4 DOOR SEDAN		DELIVERY DATE	DELIVERY MILES
VEHICLE ID NO.	166KY5495YU1E8719		11/08/99	
F.T.E. NO.		P.O. NO.	COURTESY	PRECEDENCE DATE
			08/18/00	
TELEPHONE	COMMENT			
			MO: 8118	

JOB# 1 CHARGES

LABOR
J# 1 71CDZ BODYS-OP REPAIR TECH(S): 413 419 972.00
CUSTOMER RAN OVER CURB AND HIT SUBFRAME CAUSING AIRBAG DEPLOYMENT

QTY	FP NUMBER	DESCRIPTION	UNIT	PRICE	
1	25704729	WINDSHIELD 10.027		675.00	675.00
1	25723928	PAD 10.235		404.00	404.00
1	9374913	MODULE 14.865		268.00	268.00
1	16826222	MODULE 14.865		631.25	631.25
1	16824319	MODULE 14.865		631.25	631.25
1	12453410	BELT KIT 14.875		167.00	167.00
1	12453453	BELT KIT 14.875		167.00	167.00
1	25686195	HLDG W/S 10.093		9.55	9.55
1	88890012	SUPPORT K 5.606		206.00	206.00
12	11501906	STRAP 8.950		3.28	3.26
1	25687850	GRILLE 9.779		47.25	47.25
1	PO#37501	U-KIT		24.70	24.70
1	PO#37546	TIRE		227.50	227.50
		TOTAL - PARTS			3461.66

SUBLET	PO#	VEND	INV#	INV DATE	DESCRIPTION	INTERNAL
	37371		224526	10/13/00	RENTA CAR	97.50
	37501		26427	10/11/00	R&R W/SHIELD	97.50
					TOTAL - SUBLET	97.50

JOB# 1 TOTALS

LABOR 972.00
PARTS 3461.66
SUBLET 97.50

JOB# 1 JOURNAL PREFIX CDCE JOB# 1 TOTAL 4531.56

JOB# 2 CHARGES

LABOR
J# 2 72CDZ PAINT REPAIR TECH(S): 266 413 120.00
REFINISH FOR CORROSION PROTECTION UNDER CAR

G.O.G. & SUPPLIES					
1.0	PAINT MATERIALS	@	66.000	/UNIT	66.00
				TOTAL - GOG	66.00

JOB# 2 TOTALS

LABOR 120.00
G.O.G. 66.00

JOB# 2 JOURNAL PREFIX CUCE JOB# 2 TOTAL 186.00

JOB# 3 CHARGES

LABOR
J# 3 73CDZ BODY MECHANICAL TECH(S): 413 612.00
PERFORM MECHANICAL REPAIRS PER INSURANCE ESTIMATE

I hereby appoint ANDERSON CADILLAC/OLDSMOBILE as my attorney in fact and empower you to negotiate and cash any draft or instrument issued in payment of this repair order by any third party in my name and to sign my name thereto.
PAGE 1 OF 2 [CONTINUED ON NEXT PAGE]

14:04:41



Cadillac
BAR # AL197315

Anderson

1300 EL CAMINO REAL
MENLO PARK, CA 94025-4211
(650) 321-0800



Oldsmobile
E.P.A. # CAD981577968

NOTICE TO CONSUMER: PLEASE READ IMPORTANT WARRANTY INFORMATION ON BACK.

WORK ORDER NO. 21998	WORK ORDER GALAN EVERETT SMIT 424	TAX NO. 33	INVOICE DATE 10/13/00	INVOICE NO. COCB96092
	VEHICLE NO. 4HTP105	VEHICLE LEASE 8114	COLOR WHITE	STOCK NO.
	YEAR MAKE MODEL 00/CADILLAC SEVILLE 4 DOOR SEDAN		DELIVERY DATE 11/08/99	DELIVERY MILES
	VEHICLE IDENTIFICATION NO. 1G6KY54B5YU1E8719		DEALER NO. COURTESY	PRODUCT ON DATE
	R.T.F. NO.		R.C. DATE 09/18/00	
MO: 8118				

SUBLET	PO#	VEND	INV#	INV DATE	DESCRIPTION	
	37528	96794		10/13/00	1 WHEEL ALIGNMENT	229.50
TOTAL - SUBLET						229.50
JOB# 3 TOTALS						
LABOR						612.00
SUBLET						229.50
JOB# 3 JOURNAL PREFIX COCB JOB# 3 TOTAL						841.50

ESTIMATE
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$5800.00 (+TAX)

COMMENTS
TURNED OVER TO SERVICE DEPARTMENT
CUSTOMER PAY REDUCTIBLE \$500.00
BALANCE
TOTAL REPAIR
BILL TO THE BARTFORD, 4200 PARK BLVD PH#244
OAKLAND CA 94602
C.AIM #VAGAC 5521 POL#55PHE601849
ROBERT HARVEY 800-811-4832
SUPPLEMENT WITH INVOICES MAILED 10/13/00

TOTALS		
*****		TOTAL LABOR...
* CUSTOMER ACKNOWLEDGES RECEIVING REVISED ESTIMATE *		1704.00
* OF THE ABOVE AMOUNT *		TOTAL PARTS...
*****		3461.86
CASH	DATE	INITIALS
CHECK	DATE	INITIALS
VISA	DATE	INITIALS
MASTERCARD	DATE	INITIALS
		TOTAL G.O.G...
		66.00
		TOTAL MISC CHG...
		0.00
		TOTAL MISC DISC
		0.00
		TOTAL TAX.....
		291.06
		TOTAL INVOICE \$
		8849.92

BAR #AL197315
E.P.A. #CAD981577968
PARTS DESIGNATED WITH AN ASTERISK (*) INDICATES LIFETIME
GUARANTEE APPLIES FOR CUSTOMER PAY REPAIRS.

CUSTOMER SIGNATURE

PAID
OCT 13 2000
BY: [Signature]

I hereby appoint ANDERSON CADILLAC/OLDSMOBILE as my attorney in fact and empower you to negotiate and cash any draft or instrument issued in payment of this repair order by any third party in my name and to sign my name thereto.

FACE 2 OF 2

X. _____ END OF INVOICE

14:04:41