

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 436

Date Received

18-SEP-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

870808

 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) _____ (located at front of windshield on drivers side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G4AL51NOKT452840	BUICK	CENTURY	1989	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06351100 05260000 08540000	Part Name(s) FUEL:FUEL INJECTION:IDLE SPEED CONTROL VALVE ENGINE COOLING SYSTEM:THERMOSTAT ELECTRICAL SYSTEM:IGNITION:ELECTRONIC CONTROL UNIT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 23-SEP-1999 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☐ 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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER HAS HAD 2 ACCIDENTS RELATING TO ENGINE ACCELERATION. BOTH TIMES THIS HAPPENED THE SAME WAY. CONSUMER HAS A VERY STEEP DRIVEWAY. ON SEPT. 11-2000, VEHICLE WAS IN REVERSE & IT ACCELERATED BACKWARDS AT A MAXIMUM SPEED. MECHANIC FOUND THAT THERMOSTAT RING GASKET, IDLE AIR CONTROL VALVE & COMPUTER SCAN WERE THE CAUSES. *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.

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OFFICE
DEFECTS INVESTIGATIONOrd. or
rl. dt
od. rt
up. ltr

Reference No.

870808

OWNER INFORMATION (Type or Print)

639885

Work Number

Home Number

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) (Located at bottom of
windshield on driver's side)

1G4AL51NOKT452840

Vehicle Make

BUICK

Vehicle Model

CENTURY

Vehicle Year

1989

Current Odometer Reading

Purchase Date

1989

Dealer's Name

Buick Automobile Agency

Engine Size
(C/D/CC/L)☐ Turbo☐ Diesel☐ Gas☐ Fuel Injection

No Cylinders

☒ New ☒ Used

City State Zip Code

Transmission Type

☐ Manual☒ Automatic

Antilock Brakes

☐ Yes☒ No

Restraint System

☐ 3-Point Belt☐ Motorbelt☐ Driverside Airbag☐ 2-Point Belt☐ Passengerside Airbag

Cruise Control

☒ Yes☒ No

Drive Train

☐ Front☐ Rear☒ 4-Wheel

Vehicle Type

☒ Car☐ Van☐ Minivan☐ Other☐ Sport Ult☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☒ 4-Door☐ Stationwagon☐ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

06361100
05260000
08540000

Part Name(s)

FUEL:FUEL INJECTION:IDLE SPEED CONTROL VALVE

ENGINE COOLING SYSTEM:THERMOSTAT

ELECTRICAL SYSTEM:IGNITION:ELECTRONIC CONTROL UNIT

Location

☐ Left☐ Front☐ Right☐ Rear

Failed Part(s)

☐ Original☐ Replacement

No. of Failures

Date(s) of Failure(s) 23-SEP-1999

Mileage at Failure(s) 36,000

Vehicle Speed at Failure(s) 65

Failed Part(s)
Available?☐ Yes ☐ NoNHTSA Previously
Contacted?☐ Yes ☐ 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

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

Reported to Police

☐ Yes ☒ No

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

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CONTINUE ON BACK IF NEEDED

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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

BUSINESS REPLY MAIL

POSTAGE WILL BE PAID BY NAT'L 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

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

☆ U.S. G.P.O. 1992-623-637/6008

I would like to add that in both
instances I suffered severe trauma
and lost over 20 pounds from trauma
and shock something never experienced
before. Only recently have I started to
improve and regain my daily schedule
Volunteer & Church activities!

FOLD TO SHOW RETURN ADDRESS (NO STAMP NEEDED) FASTEN WITH TAPE OR STAPLE AND MAIL									
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)									
TIRE IDENTIFICATION NO. *									
D O T									
MANUFACTURER/TIRE NAME									
SIZE									
* 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)									



JOHN OLIVERIO BUICK-GMC, Inc.
Route 50 E. J. O. Box 1200

RECEIPT

No 003291

RECEIVED



3145

DATE 11/11 1992

HOW PAID

- CASH ☐
- CHECK ☒
- CREDIT CARD ☐
- DRAFT ☐
- MONEY ORDER ☐

CUST. 220

DOLLARS \$ 2791.96

FORM R-624 (1-78)

Reynolds and Reynolds

BY Mary

Thank You



**GARRETT'S
GAS N' GROCERIES**
900 W. Pike St.
CLARKSBURG, WV 26301
Phone 622-7932

12139

DATE OF ORDER
8-28-00

YEAR, MAKE AND MODEL

89 Buick

VEHICLE NUMBER

QTY. PART NO. AND DESCRIPTION

AMOUNT

DESCRIPTION OF WORK

AMOUNT

☐ LUBE ☐ CHG. OIL ☐ OIL FILTER ☐ TUNE UP ☐ TRANS. ☐ DIFF.

CUSTOMER'S ORDER NUMBER

TECHNICIAN'S SIGNATURE

LICENSE NUMBER

WORK NUMBER

DATE

(NAME PL. CONTINUED ON OTHER SIDE)

TOTAL PARTS

LITERS/GALS. OF GAS @

LITERS/QT. OF OIL @

KG/LBS. OF GREASE @

ACCESSORIES

TOTAL LABOR

TOTAL PARTS

GAS, OIL
AND GREASE

SUBLET REPAIRS

FBI / WRITE
DISPOSAL

TAX

TOTAL

ACCESSORIES

TOTAL ACCESSORIES

SIGNATURE

I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereon. It is also understood that you will not be held responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause beyond your control.

THANK YOU



For repair

88-376/518
02522115196

818

Date *Nov 8, 99*

030134343 08 3 111699
Beuch Automobile Agency
Pay to the order of

\$ *2,791.90*

Two Thousand Seven Hundred and Seventy Nine Dollars

040148051 324 0600 0504 06

The Huntington National Bank
Clarksburg, WV 26301

Huntington
Banks

Memo *San field*



0519030611 02522115196 08

RANDY HARPOLD
Res. 624-7064

STATEMENT

KURT HARPOLD
Res. 622-4461

HARPOLDS' GARAGE, L.L.C.
GENERAL AUTO REPAIR

110 N. LINDEN AVENUE
CLARKSBURG, WV 26301
SHOP PHONE 622-1731



Date

9-1-00

Thermostat + O-ring gasket

14 38

O-ring Seal

1 50

Idle Air Control Valve

82 49

Computer Scan 28 00

Labor

60 00

186 37

Paid full
ck# 731

Tax

11 18

197 55



JOHN OLIVERIO BUICK-GMC, Inc.



Route 50 East P.O. Box 1310

CLARKSBURG, WV 26301-1310

Telephone (304) 623-6781

WE HONOR:



ADVISOR NAME ROBERT T JACKSON 48		TAG NO	INVOICE DATE 09/11/99	INVOICE NO 80CB78164
LABOR RATE	LICENSE NO.	VEHICLE 85/BUICK/CENTURY/4DR	COLOR 7	STOCK NO
YEAR/MAKE/MODEL 85/BUICK/CENTURY/4DR			DELIVERY DATE	DELIVERY MILES
VEHICLE ID NO 1G4AL51N0K1452840			SELLING DEALER NO.	PRODUCTION DATE
P.T.E. NO.		P.C. NO.	R.O. DATE 09/27/99	MILEAGE OUT

COMMENTS

LABOR & PARTS
JOB # 1 50BUZ01 REPAIR PER ESTIMATE HOURS: 41.60 TECH(S):107 1248.00
CUSTOMER STATES: REPAIR PER ESTIMATE.
CORRECTION: REPAIRED AS PER ESTIMATE.

PARTS	QTY	PP NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	PRICE
JOB # 1	1	20680534	MLDG 8.132	22.30	22.30	22.30
JOB # 1	1	25500374	MLDG 8.132	35.50	35.50	35.50
JOB # 1	1	1021620	PANEL ASM 12.940	622.40	622.40	622.40
JOB # 1	1	20496687	MLDG C 12.115	25.75	25.75	25.75
JOB # 1	1	20482124	PLATE 12.115	19.48	19.48	19.48
JOB # 1	1	TAIGLAW2	LAMP	375.00	375.00	375.00
JOB # 1	1	0316-932	COVER	89.00	89.00	89.00
JOB # 1	1	20680532	MLDG R/QT 12.115	30.23	30.23	30.23
JOB # 1	1	10276455	MOLDING 7.832	22.59	22.59	22.59
JOB # 1	1	MIRROR	MIRROR	43.75	43.75	43.75
JOB # 1	1	713-74-TAPE	713-74-T STRIPE TA	12.04	12.04	12.04
JOB # 1 TOTAL PARTS						1298.04

JOB # 1 TOTAL LABOR & PARTS 2546.04

SUBLET	PO#	VEND INV#	INV DATE	DESCRIPTION	PRICE
JOB # 1	26048	20505	09/27/99	TOW BILL	185.00
TOTAL - SUBLET					185.00

G.O.G. & SUPPLIES	QTY	UNIT PRICE	PRICE
JOB # 1	1.0	PAINT MATERIAL	159.00
TOTAL - GOG			159.00

COMMENTS
STATE FARM INSURANCE
P.O. BOX 2718
FAIRMONT, WV 26554
ASSESSED BY: LORIN WILLIAMS
ID#48-5083-69001
CUSTOMER HAS \$2000.00 DEDUCTIBLE

11/04/99

11/04/99