

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 252

Date Received

29-SEP-2000

 Oid_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

871891

 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 drivers side)</small> 1GNDT13W0VK168349	Vehicle Make CHEVROLET TRU	Vehicle Model BLAZER	Vehicle Year 1997	Current Odometer Reading
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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 <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	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"/> Sport Ult <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 type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02615000	Part Name(s) WHEELS:LUGS:NUTS:BOLTS	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) 29-SEP-2000 Mileage at Failure(s) 35000 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 type="checkbox"/> Yes <input checked="" 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)

CONSUMER WAS TRAVELING ABOUT 30MPH ON HIGHWAY AND FRONT WHEEL SEPARATED. HE HEARD A SLIGHT NOISE AND WAS ABLE TO PULL OVER. LEFT DRIVER'S SIDE WHEEL HAD CAME OFF. DEALERSHIP WAS AWARE OF THE INCIDENT, AND INSISTED THAT VEHICLE WAS DRIVEABLE. HE HAD TO HAVE IT TOWED.*AK

CONTINUED ON BACK OF FORM

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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 Od_or _____
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Reference No.

871891

 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 drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDT13W0VK168349	CHEVROLET TRU	BLAZER	1997	

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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02615000	Part Name(s) WHEELS:LUGS:NUTS:BOLTS	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	--	---	---

No. of Failures	Date(s) of Failure(s) 29-SEP-2000 Mileage at Failure(s) 35000 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
-----------------	---	---	---

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	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)

CONSUMER WAS TRAVELING ABOUT 30MPH ON HIGHWAY AND FRONT WHEEL SEPARATED. HE HEARD A SLIGHT NOISE AND WAS ABLE TO PULL OVER. LEFT DRIVER'S SIDE WHEEL HAD CAME OFF. DEALERSHIP WAS AWARE OF THE INCIDENT, AND INSISTED THAT VEHICLE WAS DRIVEABLE. HE HAD TO HAVE IT TOWED.*AK

CONTINUED ON BACK PLEASE

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OWNER INFORMATION (Type or Print)		643281		Date Received 29 SEP 2000 OFFICE DEFECTS INVESTIGATION	
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.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Reference No. 871891	
Signature of Owner		Date 10/18/00		Work Number	
Home No.					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDT13W0VK168349		CHEVROLET TRU	BLAZER	1997	35,800
Purchase Date Nov 1997	Dealer's Name HOLMES Jeep EAGLE		Engine Size (CID/CC/L) 4300	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	No. Cylinders 6
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City EAST AURORA State NY Zip Code 14052		Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" 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 type="checkbox"/> Passengerside Airbag
Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Utl <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 02815000	Part Name(s) WHEELS:LUGS:NUTS:BOLTS LEFT FRONT UPPER BALL JOINT		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) 29-SEP-2000		Mileage at Failure(s) 35000	Vehicle Speed at Failure(s) 30-35 MPH	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					NHTSA Previously Contacted? <input checked="" 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 type="checkbox"/> Yes <input checked="" 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)					
CONSUMER WAS TRAVELING ABOUT 30MPH ON HIGHWAY AND FRONT WHEEL SEPARATED. HE HEARD A SLIGHT NOISE AND WAS ABLE TO PULL OVER. LEFT DRIVER'S SIDE WHEEL HAD CAME OFF. DEALERSHIP WAS AWARE OF THE INCIDENT, AND INSISTED THAT VEHICLE WAS DRIVEABLE. HE HAD TO HAVE IT TOWED.*AK					
CONTINUE ON BACK IF NEEDED					
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U.S. Department of Transportation
 National Highway Traffic Safety Administration
 Information Management Staff NSA-10.01
 400 7th Street, SW
 Washington, DC 20590

POSTAGE WILL BE PAID BY NAITL HWY TRAFFIC SAFETY ADMIN

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

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



NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES

U.S. GPO: 1992 - 52-987 / R23M

While TRAVELING ON A 4 LANE MAIN HIGHWAY AFTER EXITING
 THRUWAY, LEFT FRONT UPPER BALL JOINT SEPARATED DAMAGING
 CUSTOM ALUMINUM RIM (FACTORY EQUIPMENT). WHEEL WAS UNATTACH
 AND NOT DRIVEABLE. VEHICLE WAS TOWED TO NEAREST REPAIR SHOP
 WHICH HAPPENED TO BE MONROE MUFFLER & BRAKE WHERE REPAIRS
 WERE MADE AND TEMPORARY SPARE PLACED ON VEHICLE TO RETURN
 HOME WITH FAMILY. MAINTENANCE HAS BEEN PERFORMED BY HUSBAND
 INCLUDING OIL CHANGES AND LUBRICATION AT 3000 MILE INTERVALS
 OTHER BALL JOINTS WERE CHECKED AND VERIFIED TO BE IN GOOD
 CONDITION, THERE WAS NO UNEVEN TIRE WEAR OR ANY OTHER
 INDICATION THAT "A" PROBLEM EXISTED. I BELIEVE THIS WAS A
 DEFECTIVE PART AND COULD HAVE CAUSED A REAL TRAGEDY OR LOSS
 OF LIFE. YOUR ASSISTANCE IN THIS MATTER IS GREATLY APPRECIATED.

NARRATIVE DESCRIPTION (CONTINUED)										
* 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.										
SIZE		MANUFACTURER/TIRE NAME								
TIRE IDENTIFICATION NO.										
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)										
Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail										

CUSTOMER COPY

WILSON 7, INC. d/b/a **HowBill** Auto Parts, Inc.

AUTO, TRUCK, HEV, USED & REBUILT

12080 Clean Road • P.O. Box 7 • Chaffee, NY 14030

Tel: (716) 496-5772 • (800) 884-5491 • Fax: (716) 496-8250

LATE MODEL PARTS

HOURS:

MON - FRI 8:00-5:00
SAT 8:00 - 12:00



CONDITIONS OF SALE
30 DAY WARRANTY ON USED PARTS, NO WARRANTY ON LABOR, GASKETS, OR FLUIDS. 20% RESTOCKING FEE ON RETURNED PARTS. NO RETURN ON ELECTRICAL ITEMS. DEPOSITS GOOD FOR 10 DAYS OR FLUORIN, NO REFUND ON YARD ITEMS INVOLVING LABOR AND REFUNDS AFTER 8 DAYS. NO REFUND ON "FIFTH" BIRTH RESPONSIBLE FOR COSE. RETURN WITH VOICED WITHIN 10 DAYS TO RECEIVE REFUND. OILS AND FLUIDS MUST BE DRAINED FROM CORES. \$10 CHARGE FOR CORES RETURNED UNCHAINED. NO REFUND OR WARRANTY WITHOUT RECEIPT. *WE DO NOT BELL PARTS FOR TRY*

INVOICE # 02019076 **DATE** 9/24/98 **TIME** 4:33pm
P.O.# CUSTOMER #

S O L D T O
CASH SALE
SALESMAN DR -2 CASH COUNTER SALE
TAX COIF

SHIP VIA Page 1

QUANTITY PART NUMBER AND DESCRIPTION UNIT PRICE EXTENSION

4 560-05040 20-WHEEL 507.00 2407.00
Requested 96 S10PICKUP 4x4, 15x7, steel

Stk#24894 C/MALL

THANK YOU FOR YOUR BUSINESS!!! HAVE A WONDERFUL DAY!!!
Charge .00 Card 1 259.20 Subtotal 240.00
Cash .00 Other .00
Check .00 Change .00 Taxable Parts 240.00
TOTAL 259.20

RECEIVED BY

45-84552

 * PLEASE DIRECT ANY *
 * QUESTIONS OR COMMENTS *
 * TO MANAGER *
 * MARK EBELLE *
 * AT (716) 836-0500 *

538-TOTAL 125.97
 SALES TAX 10.15
 GRAND-TOTAL 136.12

125.97 538-TOTAL

SEE REVERSE FOR LOCATION (LOC) CODES

NO = NO WARRANTY
 70 = See manufacturer's written warranty
 60 = Ninety (90) days or 4,000 miles on parts & labor
 50 = One (1) year or 12,000 miles on parts & labor
 40 = One (1) year on parts & labor
 30 = Five (5) years or 50,000 miles on parts & labor
 20 = Lifetime on parts & One (1) year on labor
 10 = Lifetime on parts & labor

WARRANTY (WARR) CODES

C = Component or service requested by customer or carryout transaction
 P = Component or service RECOMMENDED for component failure
 S = Component or service SUGGESTED per industry standards or in advance of performance intended function
 R = Component ACQUIRED because it is out of manufacturer's specification or no longer performs intended function

DIAGNOSES (DECT) CODES

REMIT TO: ROCHESTER, NY 14614
 200 HOLLIDER PARKWAY

In addition to specific warranties detailed below (for which you will receive a separate written warranty), all other services performed and parts installed and guaranteed against defects in materials and workmanship for a minimum period of 90 days or 4,000 miles, whichever comes first. Should any part installed or service performed become defective during the warranty period, MONRO or SPEEDY does hereby agree to replace said part or re-perform said service at no charge upon the presentation of this invoice, and in applicable warranty.

CUSTOMER'S SIGNATURE

PRINT NAME

left in

responsibility for loss or damage to the vehicle or articles being, and/or delivery at any risk. You will not be held liable for any loss or damage to the vehicle or articles.

Your employee may operate this vehicle for inspection and/or repair. You agree to indemnify and hold MONRO or SPEEDY harmless from and against all claims, damages, costs and expenses, including reasonable attorney fees and court costs, arising out of or from the use of this vehicle for inspection and/or repair. This agreement shall be binding on you and your heirs, assigns, personal representatives, and estate.

Service a sum equal to all charges and expenses, including reasonable attorney fees and court costs, in the event of any reason said check or charge is not accepted for collection and paid to MONRO or SPEEDY.

The undersigned hereby certifies that the payment of this invoice by check, credit card, or other charge, agrees to pay MONRO MUFFLER/BRAKE or SPEEDY AUTO.

9/29/00 PAGE 1
 ESTIMATE #: 110095 INVOICE #: 75506
 YEAR: 97 MAKE: CHEV/GMC MODEL: S10
 LICENSE #: 22747 ST: NY
 MILEAGE: 32940
 WHILE WE'RE WORKING WE RECOMMEND:



FRONT END	FRONT END DISCERN	FRONT END TOTAL	NET	TAX	TOTAL
NO	2.95	2.95	2.95	15.96	18.91
8 BALL JOINT	20	30.52	30.52	1.42	31.94
FRONT END DISCERN	20	30.52	30.52	1.42	31.94
FRONT END TOTAL					125.97

THE FOLLOWING PARTS/SERVICES WERE RECOMMENDED BUT NOT PERFORMED.

FRONT END DISCERN 20 30.52 30.52 1.42 31.94

8 BALL JOINT 20 30.52 30.52 1.42 31.94

FRONT END TOTAL 125.97

FRONT END DISCERN 20 30.52 30.52 1.42 31.94

8 BALL JOINT 20 30.52 30.52 1.42 31.94

FRONT END TOTAL 125.97

MANAGER'S SIGNATURE

MARK P EBELLE

TECHNICIAN KENNETH MARTIN

ALL KENNETH MARTIN

MONRO SHOP # 051
 REPAIR SHOP # 015334
 2005 MAIN ST.
 WESTFIELD NY 14294
 (716) 836-0500

MONRO MUFFLER/BRAKE & Service

MUFFLERS - BRAKES - STEERING - SUSPENSION
 ALIGNMENTS - TIRES - OIL CHANGES
 OTHER DAILY MAINTENANCE SERVICES

09514063

Thank You
 PRODUCT 2823

Not responsible for loss or damage to vehicle in case of fire, theft or any other cause beyond our control.

DATE: 7-21-87		TIME: 10:00 A.M.		REQUESTED BY: [REDACTED]		P.O. NO.:			
CITY:		STATE:		ZIP:		LOCATION OF VEHICLE: [REDACTED]			
YEAR MAKE MODEL: [REDACTED]		COLOR: [REDACTED]		DRIVER: [REDACTED]		REGISTERED OWNER: [REDACTED]			
STATE LIC. PLATE NO.:		VEHICLE ID. NO.:		MILEAGE:		FINISH:			
START:		START:		TOTAL:		TOTAL:			
FINISH:		FINISH:		TOTAL:		TOTAL:			
MILEAGE:		SERVICE TIME:		EXTRA PERSON:		MILEAGE:			
REASON FOR TOW:		VEHICLE TOWED TO:		TYPE OF TOW:		STORAGE FROM:			
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> ARREST <input type="checkbox"/> UNREGISTERED <input type="checkbox"/> TOW ZONE <input type="checkbox"/> SNOW REMOVAL		<input type="checkbox"/> FLAT TIRE <input type="checkbox"/> OUT OF GAS <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> DUAL LINE WINCHING <input type="checkbox"/> SINGLE LINE WINCHING <input type="checkbox"/> DOLLY		<input type="checkbox"/> ABANDONED <input type="checkbox"/> STOLEN CAR <input type="checkbox"/> BREAK DOWN <input type="checkbox"/> LOCK OUT <input type="checkbox"/> START		<input type="checkbox"/> SLING/HOIST TOW <input type="checkbox"/> FLAT BED/RAMP <input checked="" type="checkbox"/> WHEEL LIFT		<input type="checkbox"/> DEALER <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> LOCAL POLICE <input type="checkbox"/> STATE POLICE	
PAID BY:		DRIVERS LIC. NO.:		CASH <input type="checkbox"/> CHECK <input type="checkbox"/>		CREDIT CARD <input type="checkbox"/> M/C <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/>			
EXTRA PERSON:		LABOR CHARGE:		STORAGE:		OPERATOR'S SIGNATURE:			
MILEAGE CHARGE:		TOWING CHARGE:		SUB-TOTAL:		DATE:			
TOTAL:		TOTAL:		TOTAL:		DATE:			
TAX:		TOTAL:		TOTAL:		DATE:			
TOTAL:		TOTAL:		TOTAL:		DATE:			

Road Service

ASHLAND ROAD SERVICE
 24 Hour Towing
 2412 Boney Avenue
 Buffalo, New York 14215
 (716) 892-0181 Pager 774-7306

