



U.S. Department of Transportation

National 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 156

Data Received 04-OCT-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 872208	

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 GENERAL	Vehicle Model GENERAL	Vehicle Year 1900	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <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 02740000	Part Name(s) TIRES:TREAD	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
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No. of Failures	Date(s) of Failure(s) 21-SEP-2000 Mileage at Failure(s) _____ 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)

BOUGHT NEW WITH ABOUT 10,000 MILES, TIRE SIZE P20575R14. DRIVER'S REAR TIRE TREAD CAME OFF WHICH CAUSED A MAJOR PROBLEM WITH VEHICLE. PLEASE PROVIDE FURTHER INFORMATION.*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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 156</p> <p>RECEIVED</p> <p>04 OCT 2000 11:55</p> <p>OFFICE OF DEFECTS INVESTIGATION</p> <p>Reference No. 872206</p> <p>Work Number _____</p> <p>Home No. _____</p>
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OWNER INFORMATION (Type or Print)

Signature of Owner: _____ Date: 1/1

Vehicle Identification Number (VIN): 1GCE514Z0K8200743

Vehicle Make: CHEVROLET Vehicle Model: S10 TRUCK Vehicle Year: 1989 Current Odometer Reading: 46,765

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.

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (located at bottom of windshield on driver's side) <u>1GCE514Z0K8200743</u>	Vehicle Make <u>CHEVROLET</u> GENERAL	Vehicle Model <u>S10 TRUCK</u> GENERAL	Vehicle Year <u>1989</u> 1900	Current Odometer Reading <u>46,765</u>
Purchase Date <u>10-15-91</u>	Dealer Name <u>SAV-IN-LAW KELLY VAUGHAN</u>		Engine Size (CID/GAL) <u>4.3</u>	<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City/State/Zip Code <u>LITTLETON COLORADO</u>		No. Cylinders <u>SIX</u>	

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input 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 checked="" 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 checked="" type="checkbox"/> Sport Ute <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input checked="" 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 <u>02740000</u>	Part Name(s) <u>GENERAL AMBERT-WAY XT</u> <u>TIRES:TREAL 205-75R14 3/PLY</u> <u>DOT BCKCBTA OSI</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures <u>ONE</u>	Date(s) of Failure(s) <u>21-SEP-2000</u> Mileage at Failure(s) <u>FIRE MILEAGE 11,967</u> Vehicle Speed at Failure(s) <u>70</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 <u>NONE</u>	Number of Fatalities <u>NONE</u>	Estimated Property Damage <u>*1,072.93</u>	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)

BOUGHT NEW WITH ABOUT 10,000 MILES, TIRE SIZE P20575R14. DRIVER'S REAR TIRE TREAD CAME OFF WHICH CAUSED A MAJOR PROBLEM WITH VEHICLE. PLEASE PROVIDE FURTHER INFORMATION.*AK

LEFT REAR TIRE TREAD CAME OFF AND FIRE BLEW OUT DAMAGING LEFT SIDE OF TRUCK

*CONTINENTAL GENERAL TIRE CORP
1440 L Westinghouse Blvd
CHARLOTTE, N.C.
28273-6325*

SHIPPED TIRE TO

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TOM O'BRIEN
CHEVROLET • BUICK

DARRELL HILDEBRANDT
Body Shop Manager

O'BRIEN CHEVROLET BUICK
1 STREET (HWY 35 EAST)
CITY, TX 77414
5-5741 FAX: (409) 245-0112

10-3-00

5900 7th St (Hwy. 35 east)
P.O. Box 1295
Bay City, TX 77414

(979) 245-5741
(888) 430-9781
Fax (879) 245-0112
E-mail tobrien@tgn.net

1097-1 DATE 09/21/00

Body Shop Fax# 245-0611

ADDRESS: 5900 7TH ST.
CITY STATE: BAY CITY, TX
ZIP: 77414-

BUICK INSP DATE: 09/21/00
CONTACT: DARRELL HILDEBRAND
PHONE 1: (409)245-5741
PHONE 2: (888)430-9781
FAX: (409)245-0112

OWNER:
ADDRESS:
CITY STATE
ZIP:

HOME PHONE:

POINT OF IMPACT: 7

LIC#: 2NY-T02 STATE: TX VIN: 1GCCS14Z0K8200743
BODY COLOR: MILEAGE: 46,734
CONDITION: ACCTNG CTL#:

*=USER-ENTERED VALUE E=NEW PART EC=ECONOMY PART
EU=SALVAGE PART EP=SEE PX REPORT ET=LABOR PARTIAL REPLACE
IT=LABOR PARTIAL REPAIR I=REPAIR/ALIGN/SUBLET L=REFINISH
N=ADDNL LABOR OPERATION P=CHECK TE=PART/PARTIAL REPLACE
AA=APPEARANCE ALLOWANCE RP=RELATED PRIOR DAMAGE UP=UNRELATED PRIOR DAMAGE
RI=R&I ASSEMBLY

1989 CHEVROLET S10 TAHOE 2DR STANDARD CAB 'U8302A/H OPTNS F/24

OPTIONS: TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	HOURS	R
EU	0953	46	WHEEL, REAR INCLUDES CAP & TRIM RING BAY CITY SALVAGE 979-245-9197, MIKE	LT SALVAGE PART	125.00*		0.3	1
I	0389		PANEL, BEDSIDE	LT REPAIR			12.0	*1
L	0389	09	PANEL, BEDSIDE	LT REFINISH			3.5	4
E	0130	46	MLDG, BEDSIDE WHL OPNG	LT 14033613 GM PART	19.40		0.3	1
I	0588		FLOOR, REAR BED	REPAIR			6.0	*1
L	0588		FLOOR, REAR BED	REFINISH			1.8	4
RI			BODY SIDE MLDGS	R&I ASSEMBLY			0.8	*1*

7 ITEMS

MC MESSAGE(S)
09 INCLUDES 0.6 HOURS MAJOR PANEL TWO-STAGE ALLOWANCE
46 PRINTABLE PXN COMPARE

FINAL CALCULATIONS & ENTRIES
GROSS PARTS

19.40

107-1
TAHOE 2DR STANDARD CAB

OTHER PARTS				125.00
PAINT MATERIAL				116.60
PARTS TOTAL				261.00
TAX ON PARTS & MATERIAL @			8.250%	21.53

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	32.00	1.4	18.0	620.80
2-MECH/ELEC	55.00			
3-FRAME	40.00			
4-REFINISH	32.00	5.3		169.60
5-PAINT MATERIAL	22.00			

LABOR TOTAL				790.40
TAX ON LABOR		@	0.000%	
SUBLET REPAIRS				
TOWING				
STORAGE				

GROSS TOTAL				1,072.93
NET TOTAL				1,072.93

ADP SHOPLINK UA641 ES CD LOG 1097-1 DATE 09/21/00 01:56:19PM R6.1 CD 09/00
PXN:Y/02/02/00/02 CUM:02/02/00/02 HOST LOG
COPYRIGHT 1999, AUTOMATIC DATA PROCESSING, INC.

1.4 HOURS WERE ADDED TO THIS ESTIMATE BASED ON ADP'S TWO-STAGE REFINISH
FORMULA: 20% OF REFINISH HOURS, AFTER OVERLAP, PLUS 0.6 HOURS FOR THE FIRST
MAJOR PANEL, WHERE NOTED.