



**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 118**

Data Received  18-OCT-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  873291	

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> <b>1GNDT13W6X2147542</b>	Vehicle Make <b>CHEVROLET TRU</b>	Vehicle Model <b>BLAZER</b>	Vehicle Year <b>1999</b>	Current Odometer Reading	
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____	No. Cylinders _____	<input type="checkbox"/> Turbo <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 checked="" 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 type="checkbox"/> Other _____					

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>03273000</b>	Part Name(s) <b>BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB</b>	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
No. of Failures	Date(s) of Failure(s) _____ 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

**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)**

**THE VEHICLE IS NOT OVER TWO YEARS OLD, BUT OVER 36,000 MILES, AND OWNER HAD TO REPLACED THE BRAKES PADS AND ROTORS. WHEN APPLYING THE BRAKES THE TRUCK WOULD PULSTATE BEFORE COMING TO A STOP. THE BRAKE ON THE REAR DRIVER'S SIDE WAS THE WORST. THE ROTOR SEEM TO HAVE CHUCKS OF STEEL MISSING. PLEASE PROVIDE ANY FURTHER INFORMATION.**

CONTINUED ON BACK PLEASE

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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DRIVER SIDE SEATBELT HANDLE STEEL BRAKE INSIDE

VEHICLE IS NOT OVER TWO YEARS OLD, BUT OVER 36,000 MILES, AND OWNER HAD TO REPLACE BRAKE PADS AND ROTORS. WHEN APPLYING BRAKES TRUCK WOULD PULSTATE BEFORE COMING TO A STOP. BRAKE ON THE REAR DRIVER'S SIDE WAS THE WORST. ROTOR SEEMED TO HAVE CHUCKS OF STEEL MISSING. PLEASE PROVIDE ANY FURTHER INFORMATION. \*AK

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

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

**APPLICATION INCIDENT INFORMATION**  
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

No of Failures	3/16/99
Date(s) of Failure(s)	ONE MONTH
Mileage at Failure(s)	
Vehicle Speed at Failure(s)	
Failed Part(s)	BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB ALL-4 WHEEL
Component	D3273800
Location	Front <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/>
Failed Part(s)	Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>
NHTSA Previously Contacted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Transmission Type	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual
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 type="checkbox"/> 2-Point Belt
Driver's Side Airbag	<input checked="" type="checkbox"/> Passenger Side Airbag
Cruise Control	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input checked="" type="checkbox"/>
Vehicle Type	Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ute <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Body Style	2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <input checked="" type="checkbox"/>

Purchase Date	02/16/99
Dealers Name	HEART CHEVROLET
City	KINGSTON
State	N.Y.
Zip Code	12401
Engine Size	(CID/COIL) No Cylinders 6
Fuel Injection	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Turbo

Vehicle Ident. No. (VIN)	1GNDT13W6X2417642
Vehicle Make	CHEVROLET
Vehicle Model	SUBN SLAZER
Vehicle Year	1999
Current Odometer Reading	48000

Do you authorize NHTSA to provide a copy of your report to the manufacturer of your vehicle?  YES  NO

Signature of Owner: [Redacted] Date: 10/27/2000

Home No.	[Redacted]
Work Number	[Redacted]
Reference No.	873291

**Vehicle Owner's Questionnaire (VOQ)**

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
www.nhtsa.dot.gov/hotline  
1-888-327-4238  
NATIONWIDE 1-888-DASH-2-DOIT

DOT Auto Safety Hotline

Date Received: 09 APR - 2 PM 1999  
18-OCT-2000  
DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 118

**COUNTRY CLUB CHEVROLET, INC.**

70 ONEIDA STREET  
 ONEONTA, NEW YORK 13820  
 (607) 432-8190 FAX (607) 432-3309  
 (800) 388-6427

NO RETURN OF SPECIAL ORDER PARTS.  
 NO RETURN OF ELECTRICAL PARTS.  
 15% STOCKING CHARGE ON RETURNED PARTS.

REPAIR SHOP REG. NO. R-438-0001

Any warranties on the products sold hereby are those made by the manufacturer. The Seller hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

DATE ENTERED 22 SEP 00	YOUR ORDER NO. L99T	DATE SHIPPED 22 SEP 00	INVOICE DATE 22 SEP 00	INVOICE NUMBER 51923
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PAGE 1 OF 1

MASTERCARD & VISA  
 P.O. BOX #175  
 DETROIT, MI 48231

SHIP VIA		SLER	BL. NO.	TERMS		P.O.B.		AMOUNT	Parts Dept. Hours M-F 7:30 am - 5:30 pm Sat. 7:30 am - 5:00 pm		
ORD	SHIP	Q.O.	PARTY NUMBER	DESCRIPTION	LIST	NET	ONEONTA NY				
2	2	0	15704667	5809	RACK9	6	BROTOR	225.23	225.23	450.46	  THANK YOU!
PAID BY CREDIT CARD											
*** REMEMBER *** Country Club stocks original equipment parts for all Chevrolet, Pontiac, Buick, Oldsmobile, Cadillac, GMC Truck as well as all Chrysler, Plymouth, Dodge and Jeep								PARTS 450.46 SUBLET FREIGHT 0.00 SALES TAX 31.53 TOTAL \$481.99			

CUSTOMER COPY

# STAMFORD AUTO EQUIPMENT AND PARTS, INC.

558114

113 MAIN ST.

STAMFORD, NEW YORK 12167

PHONE: 807-852-7591



A LATE CHARGE OF 2% PER MONTH (WHICH IS 24% PER ANNUM) WILL BE APPLIED TO ALL PAST DUE ACCOUNTS. WE WILL NO LONGER EXTEND TO ANY ACCOUNT 30 DAYS PAST DUE. 10% RESTOCKING FEE ON RETURNED MERCHANDISE. NO RETURN ON ELECTRICAL ITEMS OR SPECIAL ORDER.

ACCT #	SOLD TO	DATE	TIME	STORE #	EMP #	INVOICE
000000	CASH SALE	9/20/00	14:51	200008535	12	5581
SR #	We Help Keep America Moving National Warranty Thank You Please Come Again	PURCHASE ORDER #				ATTENTIO
AD		TAX EXEMPTION:				
16		TERMS: CASH				
		DELIVERY:				

PART NUMBER	LN	DESCRIPTION	QUANTITY	PRICE	NET	TOTAL
1	LAB	CAR ROTOR	1.00	15.000	12.000	12.00

The hardest decisions in life are deciding which bridges to cross or burn

Subtotal	12.00
Tax 6% TAXTABLE 6	0.70

X \_\_\_\_\_

SIGNATURE

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

TOTAL	12.70
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# STAMFORD AUTO EQUIPMENT AND PARTS, INC.

558368

113 MAIN ST.

STAMFORD, NEW YORK 12187

PHONE: 807-652-7591



A LATE CHARGE OF 2% PER MONTH (WHICH IS 24% PER ANNUM) WILL BE APPLIED TO ALL PAST DUE ACCOUNTS. WE WILL NO LONGER EXTEND CREDIT TO ANY ACCOUNT 30 DAYS PAST DUE. 10% RESTOCKING FEE ON RETURNED MERCHANDISE. NO RETURN ON ELECTRICAL ITEMS OR SPECIAL ORDERS.

ACCT #	SOLD TO	DATE	TIME	STORE #	EMP #	INVOICE NO.
021005	040 Show Your Card Discount	9/22/00	13:27	800008535	1	558368
SR #		PURCHASE ORDER #			ATTENTION	
AD		TAX EXEMPTION:				
18		TERMS:			CASH	
		DELIVERY: OUR TRUCK				

PART NUMBER	LN	DESCRIPTION	QUANTITY	PRICE	NET	TOTAL
1999 Chevrolet RE-7596	et UP	Brk Blazer..... BRK PADS	262 1.00	CI/4.3L V6 69.650	47.150	47.15 T6

Subtotal 47.15  
Tax 6% TAXTABLE 6 2.83

**SIGNATURE**  
ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

TOTAL → CASH SALE 49.98



**ADVANCE AUTO PARTS**

Store # 06975  
740 MAIN STREET  
ONEONTA NY 13820  
(607) 433-7391

9/18/2000 17:54:32 REG 02 CASHIER 030

PA 5670080	2 @ 31.99	63.98
BRAKE ROTOR FDS YH145182		
1 YR REPL		
PA 18810463	1 @ 39.99	39.99
BRAKE PAD BEN/R MKD726		
LTD LIFETIME REPL		

SUBTOTAL	103.97
LOCAL TAX	0.00
STATE TAX	7.28
TOTAL	111.25

CREDIT CARD PAYMENT	111.25
CHANGE DUE	0.00

DELUCA,  
RR BOX 203  
HOBART, NY 137880000  
(607)538-1560

TRANSACTION #: 00085985  
SALESPERSON #: 030

Card holder acknowledges receipt of goods and/or services in the amount of total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.

ADVANCE AUTO PARTS  
THE BEST PART  
IS OUR PEOPLE !!

Visit us at [www.advanceautoparts.com](http://www.advanceautoparts.com)

**RECEIPT REQUIRED  
FOR RETURNS**

**WARRANTY INFORMATION  
AVAILABLE  
UPON REQUEST**

<<CUSTOMER COPY>>

