

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 241

Date Received

21-OCT-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

873534

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 |
| 1G2HX52K7WH213827 | PONTIAC | BONNEVILLE | 1998 | |

| | | | |
|---|---------------------------------------|------------------------------|--|
| 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 | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
| <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <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 type="checkbox"/> Other _____ |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|------------------------|--|---|
| Component 05100000 | Part Name(s) ENGINE | 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) 07-JUN-1998 Mileage at Failure(s) 370072 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)

AT 11,086 MILES VEHICLE COMMENCE TO HESITATE WHEN APPLYING THE ACCELERATOR PEDAL; VEHICLE BEEN IN THE DEALER SHOP ON SEVERAL OCCASION AND CONDITION STILL REOCCUR. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS:

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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Vehicle Owner's Questionnaire (VOQ)

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1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

| | |
|---|--------------|
| Data Received 21-OCT-2000 | Od_or _____ |
| | rt_dt _____ |
| | od_rt _____ |
| | up_ltr _____ |
| Reference No. 873534 | |

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> 1G2HX52K7WH213827 | Vehicle Make PONTIAC | Vehicle Model BONNEVILLE | Vehicle Year 1998 | Current Odometer Reading |
|---|--------------------------------|------------------------------------|-----------------------------|--------------------------|

| | | | |
|---|---------------------------------------|-----------------------------|---|
| Purchase Date | Dealer's Name _____ | Engine Size (CID/CCL) _____ | <input type="checkbox"/> Turbo |
| <input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt | 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ | Sport Ult Truck Motorcycle <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 06410000 | Par. Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL | 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) 07-JUN-1998 | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Mileage at Failure(s) 370072 | | |
| | Vehicle Speed at Failure(s) _____ | | |

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)

AT 11,086 MILES VEHICLE COMMENCED TO HESITATE WHEN APPLYING ACCELERATOR PEDAL. VEHICLE BEEN IN THE DEALER SHOP ON SEVERAL OCCASIONS, AND PROBLEM STILL OCCURS. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK PLEASE

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| | |
|--|--|
| <p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) 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</p> | FOR AGENCY USE ONLY 241 |
| | <p> <input checked="" type="checkbox"/> Data Received <input type="checkbox"/> Not Received Date: <u>21 OCT 2000</u> OFFICE INVESTIGATION Reference No. 873534 Work Number _____ Home Number _____ </p> |
| <p style="text-align: center;">OWNER INFORMATION (Type or Print)</p> <p> [Redacted] 648657 </p> | |

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

In the absence of an authorized signature, please print your name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 10/29/00

| VEHICLE INFORMATION | | | | |
|---|---|--|--|--|
| Vehicle Ident. No. (VIN.) <u>1G2HX52K7WH213627</u> | Vehicle Make <u>PONTIAC</u> | Vehicle Model <u>BONNEVILLE</u> | Vehicle Year <u>1998</u> | Current Odometer Reading _____ |
| Purchase Date <u>Dec. 18 1997</u> | Dealer's Name <u>EIHART</u> | | Engine Size (CID/CC/L) <u>3.8L</u> | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City <u>HOLLAND</u> State <u>MI.</u> Zip Code <u>49422</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"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt | Cruise Control <input checked="" type="checkbox"/> Yes [Signature] | 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | | Sport Util. <input 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 type="checkbox"/> Other |

| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
|---|---|--|--|
| Component <u>06410000</u> | Part Name(s) <u>FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL</u> | Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Right <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>07-JUN-1998</u> Mileage at Failure(s) <u>370072</u> Vehicle Speed at Failure(s) <u>AFTER COMING TO A STOP</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 _____ | 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)

AT 11,086 MILES VEHICLE COMMENCED TO HESITATE WHEN APPLYING ACCELERATOR PEDAL. VEHICLE BEEN IN THE DEALER SHOP ON SEVERAL OCCASIONS, AND PROBLEM STILL OCCURS. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS. *AK

CONTINUE ON BACK IF NEEDED

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4574788

121908



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1-800-448-4227
Facility Reg. F103428

INVOICE

PAGE 1

SERVICE ADVISOR: 507 WENDY PALMBOS

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | RELEASE IN/OUT | TAG | |
|------------|-----------|--------------------|-------------------|---------|----------------|---------|-----------|
| 17U SILVER | 1998 | PONTIAC BONNEVILLE | 1G2HX52K7WH213827 | | 10716/10716 | T1444 | |
| DEL DATE | PROD DATE | WARR EXP | PROMISED | PO NO | RATE | PAYMENT | INV DATE |
| 18DEC1997 | | | 08:48 06OCT98 | | | CASH | 07OCT1998 |

R.O. OPENED: 10:49 05OCT98 READY: 16:19 07OCT98
 OPTIONS: STK:P98207 DLR:0 ENG:0 1)SLSM: DOUG WILER 2)GMP MAJOR GUARD 3)971422660 4)72/60000 .
 5)F

| LINE | CPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|-----------------------------------|--------|--------|------|--------|------|---------------|-------|
| A APPOINTMENT (JIM) | | | | | | | |
| B APPOINTMENT (JIM) | | | | | | | |
| 632 HANSEN, KEVIN D LIC#: M150285 | | | | | | | |
| CPCR3 | | | | | | | |
| PARTS: | 0.00 | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE A: | 0.00 |

APPOINTMENT A

B- DRIVABILITY MINOR / IDLES SO LOW IT STALLS WHEN FIRST STARTING & SOMETIMES AT STOPS. / ALSO BOGGS OUT ON ACCELERATION

CAUSE: INOP
 JG220 MANIFOLD AND/OR GASKET, INTAKE UPPER - R&R OR REPLACE

| | | | | | | | |
|-----------------------------------|----------|-----------------|--|--|--|--|-------|
| 632 HANSEN, KEVIN D LIC#: M150285 | | | | | | | |
| WP4 | | | | | | | |
| 1 | 17113137 | GASKET KI | | | | | (N/C) |
| 1 | Z5000 | WARR PRICE DIFF | | | | | (N/C) |
| 1 | 69 | NEED PART | | | | | (N/C) |
| 1 | 17113136 | MANIFOLD | | | | | (N/C) |
| 1 | Z5000 | WARR PRICE DIFF | | | | | (N/C) |
| 1 | 69 | NEED PART | | | | | (N/C) |
| PC: 6C | | | | | | | |
| PART#: 17113136 | | | | | | | |
| COUNT: 6 | | | | | | | |
| CLAIM TYPE: | | | | | | | |
| AUTH CODE: E | | | | | | | |
| OJ | | | | | | | |

SUBL: ENTERPRISE RENTAL CAR INVOICE #601215
 WP4

| | | | | | | | |
|--------|------|--------|------|--------|------|---------------|------|
| PARTS: | 0.00 | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE B: | 0.00 |
|--------|------|--------|------|--------|------|---------------|------|

| | | | | | |
|--|-----------------|---|---|------------------------|--------|
| ALL REPAIRS PROPERLY COMPLETED & CHECKED BY: | AUTHORIZATION # | AUTH REPR. TRANSIENT <input type="checkbox"/> | FACILITY REG. F103428 | DESCRIPTION | TOTALS |
| TOTAL ESTIMATE INCLUDING ADDITIONS | HRS. | FACILITY REG. #F130630 | STATEMENT OF DISCLAIMER | LABOR AMOUNT | |
| DIAGNOSIS-ESTIMATE | | PARTS LABOR TOTAL | The factory warranty constitutes all of the warranties with respect to the sale of this item/vehicle. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/vehicle. | PARTS AMOUNT | |
| | | | | GAS, OIL, LUBE | |
| | | | | SUBLET AMOUNT | |
| | | | | MISC. CHARGES | |
| | | | | TOTAL CHARGES | |
| | | | | DEDUCTIBLE | |
| | | | | SALES TAX | |
| | | | CUSTOMER SIGNATURE | PLEASE PAY THIS AMOUNT | |

ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT (P.A.) 3001

CUSTOMER COPY

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INVOICE

PAGE 2

SERVICE ADVISOR: 507 WENDY PALMBOS

Table with columns: COLOR, YEAR, MAKE/MODEL, VIN, LICENSE, MILEAGE IN/OUT, TAG. Row 1: 17U SILVER 1998 PONTIAC BONNEVILLE 1G2HX52K7WH213827 10716/10716 T1444

Table with columns: DEL DATE, PROD DATE, WARR EXP, PROMISED, PO NO, RATE, PAYMENT, INV DATE. Row 1: 18DEC1997, 08:48, 06OCT98, CASH, 07OCT1998

RD OPENED READY OPTIONS: STK:P98207 DLR:0 ENG:0 1)SLSM: DOUG WILER 2)GMP MAJOR GUARD 3)971422660 4)72/60000 5)F
LINE OPCODE TECH TYPE HOURS LIST NET TOTAL
IDLES LOW AND STALL WHEN STARTING COLD, SCANNED PCM AND SENSORS, TEST DROVE VEHICLE DIDNT STALL BUT IDLED LOW JUST UNDER 500RPM AND FELT ROUGH, RECHECKED A COLD START UP, VEHICLE IDLED FAST, CHECKED AND FOUND VACUUM LEAK FROM BETWEEN THROTTLE BODY AND UPPER PLENUMN, REPLACED UPPER PLENUMN AND RECHECKED, IDLED OK AT THIS TIME, TEST DROVE VEHICLE TWICE, SEEM TO RUN OK AND IDL E OK. 3.8LT

C 1900 RPM'S - ROAR NOISE/HAS BEEN IN BEFORE FOR IDLE
CAUSE: IONP
J5485 BODY, THROTTLE - R&R
632 HANSEN, KEVIN D LIC#: MI 50285
WP4
1 24507238 BODY (N/C)
FC: 6C PART#: COUNT: 0 (N/C)
CLAIM TYPE:
AUTH CODE:
OU

Table with columns: PARTS, LABOR, OTHER, TOTAL LINE C. Row 1: 0.00, 0.00, 0.00, 0.00

1900RPM ROAR NOISE, TEST DROVE VEHICLE, SCANNED PCM AND SENSORS, NO CODES SET, ALL SENSORS READ OK, CHECKED CONCERN WITH BULLETIN #87-65-11, CHECKED AND REPLACED THROTTLE BODY ASSEMBLY, RECHECKED, DIDNT NOTICE ANY NOISE. ALL TESTED OK, 3.8LT (LABOR OF J5485 R&R THROTTLE BODY)

Form with sections: ALL REPAIRS PROPERLY COMPLETED & CHECKED BY, AUTH REF, FACILITY REG. F103426, STATEMENT OF DISCLAIMER, LABOR AMOUNT, PARTS AMOUNT, GAS, OIL, LUBE, SUBLET AMOUNT, MISC. CHARGES, TOTAL CHARGES, DEDUCTIBLE, SALES TAX, PLEASE PAY THIS AMOUNT.

ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT (P.A.) 200

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MAKE COPIES

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122738

2

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INVOICE

PAGE 1

SERVICE ADVISOR: 507 WENDY PALMBOS



| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MI/REG IN/DUT | TAG | |
|---------------|------------|--------------------|-------------------|---|---------------|-------------|-----------|
| 17U SILVER | 1998 | PONTIAC BONNEVILLE | 1G2HX52K7WH213827 | | 11086 | 11086 T6632 | |
| DEL DATE | PROG. DATE | WARR. EXP. | PROMISED | PO NO. | RATE | PAYMENT | INV. DATE |
| 18DEC1997 | | | 08:30 23OCT98 | | | CASH | 30OCT1998 |
| R.O. OPENED | | READY | | OPTIONS: | | | |
| 10:26 21OCT98 | | 13:45 30OCT98 | | STK:P98207 DLR:0 ENG:0 1)SLSM: DOUG WILER 2)GMPP MAJOR GUARD 3)971422660 4)72/60000 . 5)F | | | |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|-----------------------------------|--------|--------|------|--------|------|---------------|-------|
| A APPOINTMENT (ROB) | | | | | | | |
| A APPOINTMENT (ROB) | | | | | | | |
| 632 HANSEN, KEVIN D LIC#: M150285 | | | | | | | |
| CPCR3 | | | | | | | |
| PARTS: | 0.00 | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE A: | 0.00 |

APPOINTMENT\

B IDLES ROUGH/SEE HISTORY/SLOW IDLE UNDER LOAD COMING TO STOPS. RPM'S DROP TO 5 & VOLT GAGE DROPS/FEEL IT IN STEER. WHEEL & STILL HESITATES RUNS BETTER COLD THAN WARM.

CAUSE: INOP

N9995 CUSTOMER CONCERN NOT DUPLICATED

632 HANSEN, KEVIN D LIC#: M150285

WP4

FC: 9Z PART#: COUNT: 0

CLAIM TYPE:

AUTH CODE:

GJ

(N/C)

SUBL ENTERPRISE RENTAL CAR INVOICE #601450

WP4

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

(N/C)

IDLES ROUGH, IDLES SLOW UNDER COMING TO STOPS. SCANNED PCM AND SENSORS, NO CODES SET. ALL SENSORS READ OK, IDLES AT ABOUT 650 RPM DESIRED IN 625. IDLES OK AT THIS TIME, TEST DROVE VEHICLE ABOUT 20 MILES, RAN OK, CUSTOMER FEELS HESITATION ON ACCEL, ALL SENSOR RESPOND OK, CALLED TECH ASSIST, ONLY THING THEY HAD, REPROGRAMM PCM, ALREADY DONE ON VEHICLE, COULD NOT DUPLICATE SLOW IDLE CONCERN.

COMEBACK. CAR RESERVED WITH ENTERPRISE PER WENDY JAY

| | | | | | | | | | | | | | | | |
|--|--|-----------------|--|------------------------------------|--|-----------------------|--|---|--|--------------------|--|------------------------|--|--------------|--|
| ALL REPAIRS PROPERLY COMPLETED & CHECKED BY: | | AUTHORIZATION # | | TRANSIENT <input type="checkbox"/> | | FACILITY REG. F103426 | | STATEMENT OF DISCLAIMER | | DESCRIPTION | | TOTALS | | | |
| TOTAL ESTIMATE INCLUDING ADDITIONS | | | | FACILITY REG. #F130530 | | | | The factory warranty constitutes all of the warranty with respect to the sale of this item. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither creates nor authorizes any other person to assume for it any liability in connection with the sale of this item. | | | | LABOR AMOUNT | | 0.00 | |
| DIAGNOSIS-ESTIMATE \$ | | HRS. | | PARTS | | LABOR | | | | | | TOTAL | | PARTS AMOUNT | |
| | | | | | | | | | | GAS, OIL, LUBE | | 0.00 | | | |
| | | | | | | | | | | SUBLET AMOUNT | | 0.00 | | | |
| | | | | | | | | | | MISC. CHARGES | | 0.00 | | | |
| | | | | | | | | | | TOTAL CHARGES | | 0.00 | | | |
| | | | | | | | | | | DEDUCTIBLE | | 0.00 | | | |
| | | | | | | | | | | SALES TAX | | 0.00 | | | |
| | | | | | | | | | | CUSTOMER SIGNATURE | | PLEASE PAY THIS AMOUNT | | | |
| | | | | | | | | | | | | 0.00 | | | |

I hereby authorize the repair shop hereafter set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipment for the repair or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express Garage Keeper's lien is hereby acknowledged on above vehicle to secure the amount of repair thereto.

ALL REPAIRS AND PARTS LISTED WERE FURNISHED BY COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT (P.A. 300)

CUSTOMER COPY

3

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137703



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INVOICE

DUPLICATE 1
PAGE 1

SERVICE ADVISOR: 507 WENDY PALMBOS

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/OUT | TAG | |
|-------------|-----------|---|-------------------|---------|----------------|---------|-----------|
| 17U SILVER | 98 | PONTIAC BONNEVILLE | 1G2HX52K7WH213527 | | 23051/23051 | T8155 | |
| DEE DATE | PROD DATE | WARR EXP | PROMISED | PO NO. | RATE | PAYMENT | INV DATE |
| 18DEC1997 | | | 16:54 03SEP99 | | | CASH | 03SEP1999 |
| R.O. OPENED | READY | OPTIONS: | | | | | |
| | | STK:P98207 DLR:0 ENG:0 1)SLSM: DOUG WILER 2)GMPP MAJOR GUARD 3)971422660 4)72/60000 5)F | | | | | |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|------|--------|------|------|-------|------|-----|-------|
|------|--------|------|------|-------|------|-----|-------|

A. DRIVABILITY MINOR / NO POWER AT TIMES ON ACCEL HAS BEEN LOOKED AT BEFORE CALL TECH LINE ACTS LIKE NO FUEL THEN VEH KICKS IN KEEP JEEP POSTED MORE INFO IN 29 103 NORMAL CONDITION
641 JOHNSON, STEVE LIC#: M150285
CPCR3 0.00 0.00 0.00 0.00 TOTAL LINE A: 0.00

TEST DRIVE WITH OWNER COULD NOT GET PROBLEM TO ACT UP. CHECK FOR CODES=NONE. CHECK OVER ALL SENSORS-ALL READING O.K. AT THIS TIME. CHECK FUEL PRESSURE WITH KEY ON AND RUNNING-O.K. CALL TECH ASSIST AND TALK TO TIM M. CASE #3428673. WE CHECK EVERYTHING THAT HE SAID COULD BE THE PROBLEM AFTER TELLING HIM THE PROBLEM HE SAID IT SOUNDS LIKE A NORMAL CONDITION OF THE CAR. WE WOULD HAVE TO HAVE THE PROBLEM ACT UP WITH THE OWNER OF THE CAR TO MAKE SURE THAT IS NOT A NORMAL CONDITION. EVERYTHING O.K. AT THIS TIME.

B REAR TIRE VIBRATION AT HIGHWAY SPEEDS
741 WHEEL BALANCE RECOMMENDED
641 JOHNSON, STEVE LIC#: M150285
CPCR3 0.00 0.00 0.00 0.00 TOTAL LINE B: 0.00

TEST DRIVE-FOUND VERY SLIGHT VIBRATION AT 50 MPH PLUS. CHECK OVER WHEEL BEARINGS-O.K. WE WILL HAVE TO START WITH WHEEL BALANCE.

C CUSTOMER HEARS CRACKING IN R/F WHEEL AFTER VEHICLE SITS OVERNIGHT & BACKS OUT TURNING WHEEL
741 PROBLEM NOT FOUND
641 JOHNSON, STEVE LIC#: M150285
CPCR3 0.00 0.00 0.00 0.00 TOTAL LINE C: 0.00

TEST DRIVE FIRST THING AFTER THE CAR SAT OVER TEST DRIVE=NO CRACKING

| | | | | | | |
|--|--------|------------------------------------|-----------------------|---|------------------------|--------|
| ALL REPAIRS PROPERLY COMPLETED & CHECKED BY: | AUTH # | TRANSIENT <input type="checkbox"/> | FACILITY REG. F103426 | STATEMENT OF DISCLAIMER | DESCRIPTION | TOTALS |
| TOTAL ESTIMATE INCLUDING ADDITIONS | HRS. | FACILITY REG. #F130530 | HRS. | The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items. | LABOR AMOUNT | |
| DIAGNOSIS-ESTIMATE | | PAKTS | LABOR | TOTAL | PARTS AMOUNT | |
| | | | | | GAS, OIL, LUBE | |
| | | | | | SUBLET AMOUNT | |
| | | | | | MISC. CHARGES | |
| | | | | | TOTAL CHARGES | |
| | | | | | DEDUCTIBLE | |
| | | | | | SALES TAX | |
| | | | | | PLEASE PAY THIS AMOUNT | |
| | | | | | CUSTOMER SIGNATURE | |

I hereby authorize the repair work hereafter set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An odometer/Gauge Keeper's Pen is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

CERTIFICATION
ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT (P.A.) 3001

CUSTOMER COPY

4574788

137703

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 1-800-448-4227
 Facility Reg. F103426

INVOICE

DUPLICATE 1
PAGE 2

SERVICE ADVISOR: 507 WENDY PALMBOS

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/OUT | TAG | |
|------------|------------|--------------------|-------------------|---------|----------------|---------|-----------|
| 17U SILVER | 98 | PONTIAC BONNEVILLE | 1G2HX52K7WH213827 | | 23051/23051 | 18155 | |
| DEL. DATE | PROD. DATE | WARR. EXP. | PROMISED | PO NO. | RATE | PAYMENT | INV. DATE |
| 18DEC1997 | | | 16:54 03SEP99 | | | CASH | 03SEP1999 |

A/C OPENED READY OPTIONS: STK:P98207 DLR:0 ENG:0 1)SLSM: DOUG
 WILLER 2)GMPP MAJOR GUARD 3)971422660 4)72/60000
 11:12 31AUG99 12:09 03SEP99 5)F

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL
 NOISE FOUND. CHECK OVER STRUTS-O.K. CHECK OVER STEERING LINKAGE-O.K.
 CHECK OVER BALL JOINTS-O.K. EVERYTHING O.K. AT THIS TIME. TEST DRIVE
 AGAIN-STILL NO NOISE FOUND. OWNER WILL HAVE TO SHOW US WHAT THEY ARE
 AFTER.

 D VOLT GAUGE DROPS TO RED AFTER DRIVING HOT & COMES TO A STOP
 CAUSE: FAILED BATTERY
 NO110 BATTERY - REPLACE ONE
 641 JOHNSON, STEVE LIC#: M150285
 WP4 (N/C)
 1 19001631 BATTERY (N/C)

FC: 6C
 PART#: 19001631
 COUNT: 1
 CLAIM TYPE:
 AUTH CODE:
 00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE D: 0.00

CHECK OVER CAR-VOLTAGE DROPS JUST AT THE RED IDLING IN GEAR WITH A/C
 BLOWER ON. CHECK OVER ALT. 100-120 AMP OUTPUT. "GOOD" TESTED BATT FOUND
 BATT. IS SULFATED A LITTLE. R/R BATT. TEST DRIVE-GAGE READS THE SAME.
 CHECK WITH 2 OTHER BORN. BOTH DO THE SAME THING CALL TECH ASSIST AND
 TALK TO RON-HE SAID THAT THIS IS NORMAL FOR THIS CAR, AND GM IS WORKING
 ON MAKING A NEW SYSTEM THAT RUNS OFF OF HIGHER VOLTAGE. THIS WILL NOT
 HURT THE PERFORMANCE OF THIS CAR.

 E** WHEEL BALANCE, ELECTRONIC, 4 WHEELS
 24D WHEEL BALANCE, ELECTRONIC, 4 WHEELS
 641 JOHNSON, STEVE LIC#: M150285
 CFCM 29.95 29.95
 PARTS: 0.00 LABOR: 29.95 OTHER: 0.00 TOTAL LINE E: 29.95

| | | | | | | | | | |
|--|--|------------------------|--|--|--|------------------------|--|--------|--|
| ALL REPAIRS PROPERLY COMPLETED & CHECKED BY: | | AUTH REPR. | | FACILITY REG. F103426 | | DESCRIPTION | | TOTALS | |
| TOTAL ESTIMATE INCLUDING ADDITIONS | | FACILITY REG. #F130530 | | STATEMENT OF DISCLAIMER | | LABOR AMOUNT | | | |
| HRS. | | HRS. | | The factory warranty covers those all of the warranties with respect to the sale of this Pontiac. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items. | | PARTS AMOUNT | | | |
| DIAGNOSIS-ESTIMATE \$ | | PARTS LABOR TOTAL | | CUSTOMER SIGNATURE | | GAS, OIL, LUBE | | | |
| | | | | | | SUBLET AMOUNT | | | |
| | | | | | | MISC. CHARGES | | | |
| | | | | | | TOTAL CHARGES | | | |
| | | | | | | DEDUCTIBLE | | | |
| | | | | | | SALES TAX | | | |
| | | | | | | PLEASE PAY THIS AMOUNT | | | |

CERTIFICATION - ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT (P.A. 300)
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Facility Reg. F103428

INVOICE

DUPLICATE 1
PAGE 3

SERVICE ADVISOR: 507 WENDY PALMBOS

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/OUT | TAG | |
|---------------|---------------|--|-------------------|---------|----------------|---------|-----------|
| 17U SILVER | 98 | PONTIAC BONNEVILLE | 1G2HX52K7WH213827 | | 23051/23051 | T8155 | |
| DEL DATE | PROD DATE | WARR EXP | PROMISED | PO NO | RATE | PAYMENT | INV DATE |
| 18DEC1997 | | | 16:54 03SEP99 | | | CASH | 03SEP1999 |
| R.O. OPENED | READY | OPTIONS: STK:P98207 DLR:0 ENG:0 1)SLSM: DOUG WILER 2)GMPP MAJOR GUARD 3)971422660 4)72/60000 5)F | | | | | |
| 11:12 31AUG99 | 12:09 03SEP99 | | | | | | |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|--|--------|------|------|-------|------|-----|-------|
| BALANCED AND ROTATED ALL 4 TIRES. TEST DRIVE O.K. NOW. | | | | | | | |
| ***** | | | | | | | |

| | |
|--|-----------------------------|
| ALL REPAIRS PROPERLY COMPLETED & CHECKED BY: | AUTH REPR. TRANSIENT ID |
| TOTAL ESTIMATE INCLUDING ADDITIONS | FACILITY REG. #F103428 |
| DIAGNOSIS-ESTIMATE | HRG. PARTS LABOR TOTAL HRG. |

FACILITY REG. F103428
STATEMENT OF DISCLAIMER
The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.
CUSTOMER SIGNATURE

| DESCRIPTION | TOTALS |
|------------------------|--------|
| LABOR AMOUNT | 29.95 |
| PARTS AMOUNT | 0.00 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 0.00 |
| TOTAL CHARGES | 29.95 |
| DEDUCTIBLE | 0.00 |
| SALES TAX | 0.00 |
| PLEASE PAY THIS AMOUNT | 29.95 |

I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree that you are not responsible for loss of damage to vehicle or articles left in same or fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express Garage Keeper's Ben is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

CERTIFICATION - ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT (P.A.) 300

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156656

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Facility Reg. F103428

PAGE 2

SERVICE ADVISOR: 510 PAUL PEPPEL

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | RELEASE IN/OUT | TAG | |
|---------------|---------------|--|-------------------|---------|----------------|---------|-----------|
| 17U SILVER | 98 | PONTIAC BONNEVILLE | 1G2HX52K7WH213827 | | 35697/35697 | T1880 | |
| DEL DATE | PROD DATE | WARR EXP | PROMISED | PG NO. | RATE | PAYMENT | INV DATE |
| 18DEC1997 | | | 12:06 07SEP00 | | | CASH | 13OCT2000 |
| F.O. OPENED | READY | OPTIONS: DLR:0 ENG:0 1)SLSM: DOUG WILER 2)GMPP | | | | | |
| 10:33 01SEP00 | 10:53 09OCT00 | MAJOR GUARD 3)971422660 4)72/60000 . 5)F | | | | | |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|--|--------|------|------|-------|------|-----|-------|
| WEEK END AND WE CONTINUED TO DRIVE WITH VEHICLE NOT STALLING -- CONNECTED DATA RECORDER WILL EXPLAIN TO CUSTOMER USAGE. PLEASE SEE JERRY WHEN PICKING UP VEHICLE. !!! WHEN CUSTOMER PICKED UP VEHICLE SHE EXPLAIN ED VEHICLE DOES NOT STALL, VEHICLE WILL NOT ACCEL. | | | | | | | |
| ***** | | | | | | | |
| SUBL ENTERPRISE CAR RENTAL INV D615557 | | | | | | | |
| N/A (N/C) | | | | | | | |

ALL REPAIRS PROPERLY COMPLETED & CHECKED BY: _____ AUTHORIZATION # _____ ALTH REPR. TRANSIENT

TOTAL ESTIMATE INCLUDING ADDITIONS _____ FACILITY REG. #F130530

| HRS. | PARTS | LABOR | TOTAL | HRS. |
|----------------------|-------|-------|-------|------|
| DIAGNOSIS-ESTIMATE 6 | | | | |

I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express Garage Keeper's Bill is hereby acknowledged on above vehicle to secure the amount of repair thereon.

X

FACILITY REG. F103428

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/Make. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/Make.

| DESCRIPTION | TOTALS |
|------------------------|--------|
| LABOR AMOUNT | 0.00 |
| PARTS AMOUNT | 0.00 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 0.00 |
| TOTAL CHARGES | 0.00 |
| DEDUCTIBLE | 0.00 |
| SALES TAX | 0.00 |
| PLEASE PAY THIS AMOUNT | 0.00 |

CUSTOMER SIGNATURE _____

ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT (P.A.) 306

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4

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PAGE 1

SERVICE ADVISOR: 510 PAUL PEPPERL

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/OUT | TAG | |
|------------|------------|--------------------|-------------------|---------|----------------|---------|-----------|
| 17U SILVER | 98 | PONTIAC BONNEVILLE | 1G2HX52K7WH213827 | | 35697/35697 | T1880 | |
| DEL. DATE | PROD. DATE | WARR. EXP. | PROMISED | PO. NO. | RATE | PAYMENT | INV. DATE |
| 18DEC1997 | | | 12:06 07SEP00 | | | CASH | 13OCT2000 |

R.O. SPEND: 10:33 01SEP00 READY: 10:53 09OCT00
 OPTIONS: DLR:0 ENG:0 1)SLSM: DOUG WILER 2)GMPP
 MAJOR GUARD 3)971422660 4)72/60000 . 5)F

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|-----------------------------|--------|--------|------|--------|------|---------------|-------|
| A APPOINTMENT (ROB) | | | | | | | |
| A APPOINTMENT (ROB) | | | | | | | |
| 610 SENG, YEN LIC#: M150285 | | | | | | | |
| CPCR3 | | | | | | | |
| PARTS: | 0.00 | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE A: | 0.00 |

B DRIVABILITY MINOR / INTERMITTENT STALL, MORE FREQUENT ON LEFT HAD
 TURNS. CUSTOMER WILL DROP OFF CAR ON FRI 9-1 AND WILL PICK UP
 VEH WED 9-6 AT NOON. VEH WAS IN 9-9-99 FOR NO POWER AT TIMES
 WITH NPF. SEE JERRY G.

131 DRIVABILITY MINOR

610 SENG, YEN LIC#: M150285

WP4 (N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

CUST. STATES THAT THE VEH. HAS AN INTERMITTENT STALL, MORE FREQUENT ON
 LEFT TURN. JERRY G. DROVE VEH. OVER THE WEEKEND. HE NEVER GOT THE VEH.
 TO STALL, WITH OVER 150-200 MILES. CALLED TECH ASSIST AND TALKED WITH
 JOHN GIFFIN, CASE NUMBER 4171854. HE SAID TO CHECK THE FOLLOWINGS. HOOK
 UP A VACUUM GAUGE TO THE FUEL REGULATOR AND SEE IF THE REGULATOR IS
 LEAKING VACUUM. CHECKED THE REGULATOR AND FOUND THAT THE REGULATOR
 HOLDS. NO LEAKS IN THE REGULATOR. CHECKED THE CRANK SENSOR FOR
 INTERMITTENT CUT-OUT, SENSOR IS O.K. REMOVED THE IGN. MODULE AND
 CHECKED FOR 3 RAISE BUMPS, NONE FOUND REINSTALLED THE IGN. MODULE. ALSO
 CHECKED OVER THE SECONDARY INDUE VOLTAGE/ VSS SENSOR FOR INTERMITTENT
 CUT-OUTS. TEST DRIVE WITH TECH 2. ALL SENSORS WERE READING CORRECTLY
 AND NO INTERMITTENT CUT-OUTS. ALSO CHECKED OVER THE PLUG WIRES 2,4,6
 AND RELOCATE PER TECH ASSIST REQUEST. EVERYTHING IS RUNNING FINE AT
 THIS TIME. WE DID NOT GET THE VEH TO STALL. SEE JERRY G. AND/OR SENG Y.
 FOR MORE INFO. TEST DROVE 121 MILES. ENDING MILEAGE 35819 INSTALLED 1/2
 TANK FUEL - SAME AS WHAT CAME IN WITH. ++CUSTOMER LEFT UNTIL FOLLOWING

| | | | | | | | | |
|--|--|------------------------------------|--|---|--|------------------------|--|-------|
| ALL REPAIRS PROPERLY COMPLETED & CHECKED BY: | | AUTH. NEW | | FACILITY REG. #103426 | | DESCRIPTION | | TOTAL |
| AUTHORIZATION # | | TRANSIENT <input type="checkbox"/> | | STATEMENT OF DISCLAIMER | | LABOR AMOUNT | | |
| TOTAL ESTIMATE INCLUDING ADDITIONS | | FACILITY REG. #F1030530 | | The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items. | | PARTS AMOUNT | | |
| HRS. | | HRS. | | CUSTOMER SIGNATURE | | GAS, OIL, LUBE | | |
| DIAGNOSIS-ESTIMATE | | PARTS LABOR TOTAL | | | | SUBLET AMOUNT | | |
| 0 | | | | | | MISC. CHARGES | | |
| | | | | | | TOTAL CHARGES | | |
| | | | | | | DEDUCTIBLE | | |
| | | | | | | SALES TAX | | |
| | | | | | | PLEASE PAY THIS AMOUNT | | |

CERTIFICATION - ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT (P.A.) 300

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158499

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 Facility Reg. F103428

PAGE 1

SERVICE ADVISOR: 510 PAUL PEPPEL

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/OUT | TAG | |
|---------------|---------------|--------------------|-------------------|---|----------------|---------|-----------|
| 17U SILVER | 98 | PONTIAC BONNEVILLE | 1G2HX52K7WH213827 | | 36784/36784 | T1164 | |
| DEL DATE | PROD DATE | WARR EXP | PROMISED | PC NO | RATE | PAYMENT | INV DATE |
| 18DEC1997 | | | 17:06 09OCT00 | | | CASH | 13OCT2000 |
| R.O. OPENED | | READY | | OPTIONS: DLR:0 ENG:0 1)SLSM: DOUG WILER 2)GMPP MAJOR GUARD 3)971422660 4)72/60000 . 5)F | | | |
| 11:04 09OCT00 | 11:01 13OCT00 | | | | | | |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|---|--------|------|------|-------|------|-----|-------|
| A CUSTOMER STATES VEH. HAS POOR ACCEL. OR LACK OF POWER ON OCCASION. (JERRY G. KNOWS ABOUT) | | | | | | | |
| CAUSE: NOT FOUND AT THIS TIME | | | | | | | |
| J9991 CUSTOMER CONCERN NOT DUPLICATED | | | | | | | |
| 602 GILLARD, JERRY LICH, MI63876 | | | | | | | |
| WP4 | | | | | | | (N/C) |
| PC: 92 PART#: COUNT: 0 | | | | | | | |
| CLAIM TYPE: | | | | | | | |
| AUTH CODE: F | | | | | | | |
| OG | | | | | | | |

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

HAS POOR ACCEL OR LACK OF POWER ON OCCASION ++INSTALL CO-PILOT IN VEHICLE AND TEST DROVE FOR THE WEEK. DROVE 134 MILES AND VEHICLE DID NOT ACT UP.

ALL REPAIRS PROPERLY COMPLETED & CHECKED BY:

AUTH REPR. TRANSGENT

FACILITY REG. F103428

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/area. The Seller hereby expressly disclaims all warranties, other express or implied including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/area.

CUSTOMER SIGNATURE

| DESCRIPTION | TOTALS |
|------------------------|--------|
| LABOR AMOUNT | 0.00 |
| PARTS AMOUNT | 0.00 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 0.00 |
| TOTAL CHARGES | 0.00 |
| DEDUCTIBLE | 0.00 |
| SALES TAX | 0.00 |
| PLEASE PAY THIS AMOUNT | 0.00 |

TOTAL ESTIMATE INCLUDING ADDITIONS FACILITY REG. #F130530

| DIAGNOSIS-ESTIMATE | HRS. | PARTS | | | TOTAL | HRS. |
|--------------------|------|-------|-------|-------|-------|------|
| | | PARTS | LABOR | TOTAL | | |
| \$ | | | | | | |

I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express Garage Keeper's Lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH MOTOR VEHICLE REPAIR ACT (P.A.) 309

CUSTOMER COPY