

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

09-NOV-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

874724

 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
1GNDT13W0V211327	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 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"/> 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 02142000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM UPPER:BALL	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) 22-OCT-2000 Mileage at Failure(s) 61000 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)

AT 61,000 MILES LEFT SIDE UPPER BALL JOINTS BROKE OFF. DEALER NOTIFIED, AND REPLACED BOTH UPPER BALL JOINTS. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER.
*AK

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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U.S. Department of Transportation
 National Highway Traffic Safety Administration
 www.nhtsa.dot.gov/Hotline
 1-888-327-4236
 NATIONWIDE 1-888-DASH-2-STOP
 OCT 28 11:28 AM '09
 RECEIVED
 INVESTIGATION
 DATE RECEIVED 09-NOV-2000
 REFERENCE NO. 074734
 WORK NUMBER [REDACTED]
 HOME NUMBER [REDACTED]

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: [REDACTED] Date: 11/21/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1GNDT13W0V211327
 Vehicle Make CHEVROLET TRU BLAZER
 Vehicle Model BLAZER
 Vehicle Year 1997
 Current Odometer Reading 68674
 City: WHEEL WAY CHEV. State: WIS. Zip Code: 54524
 Engine Size (CID/CYL) No Cylinders 6
 Turbo Diesel Gas Fuel Injection

FAILED COMPONENTS/PART(S) INFORMATION

Component 02142000
 Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM UPPER:BALL
 Location Left Right
 Failed Part(s) Original Replacement
 NHTSA Previously Contacted? Yes No
 Available? Yes No

Transmission Type Automatic Manual
 Antilock Brakes Yes No
 Restraint System 3-Point Belt Motorbel 2-Point Belt
 Cruise Control Yes No
 Drive Train Front Rear 4-Wheel
 Vehicle Type Car Van Minivan Other
 Sport Ute Truck Motorcycle
 Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

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: 22-OCT-2000
 Mileage at Failure(s): 81000
 Vehicle Speed at Failure(s):
 Number of Persons Injured: Yes No
 Number of Fatalities: Yes No
 Estimated Property Damage: Yes No
 Reported to Police: Yes No

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

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CONTINUE ON BACK IF NEEDED

WHEEL WAY CHEV-OLDS-PONTIAC-BUICK
 CHRYSLER NORTH
 P.O. BOX 27 FIFIELD, WI. 54524
 C/N BUS. (715) 762-4086
 WAW BUS. (715) 762 2467

DATE	YEAR	MAKE	MODEL	VIN	STK/CUS	MILES IN	MILES OUT	TAG
11/02/00	97	CHEVROLET	BLAZER	1GNDT3W0VZ113271	1614	37950	0	0000
SERVICE DATE	NOTIFIED	SVC ADV	PROMISED DATE/TIME	LICENSE	RATE	PAYMENT	INV. DATE	
01/01/97	00/00/00	01	00/00/00 00:00		48.00	04	11/02/00	
R.O. NUMBER	TAX ID	HOME PHONE	BUSINESS PHONE					
30731		715-266-2104		FAIRWAY GR 1				

REPAIR LINE 01
 RIGHT BALL JOINT NEEDS REPLACING
 BILL CODE - Q
 11111 REPL UPPER JT 11 H A 1.50 72.00
 TOTAL LABOR 72.00
 YY 260-1290 BALLJOINT 1 82.60
 TOTAL PARTS 82.60
 DATE RECEIVED 10197 PAYMENT TYPE 4 163.10


ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.	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 ITS ITEM/ITEMS.	LABOR AMOUNT 72.00 PARTS AMOUNT 82.60 MISC. SALES .00 MATERIALS .00 TOTAL CHARGE 154.60 DEDUCTIBLE .00 SALES TAX 8.50 OTHER PAY .00 CUSTOMER PAY 163.10
	(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)	CUSTOMER SIGNATURE >

COPY BY 3RD COPY, INC.

MATERIAL: ALL PARTS NEW UNLESS SPECIFIED
 USED R-REBUILT Y-RECYCLED

QUANT	PART NO. OR DESCRIPTION	WARRANTY IF CHECKED	SALE
1	K53300	Bill Smith	447.00

DEALER NAME
 ADDRESS
 CITY, STATE, ZIP
 TELEPHONE

WARGA PONTIAC & GMC TRUCK, INC.
 1854 HWY 10 SOUTH
 PHILIPS, WI 54595
 (715) 353-3313


NO 18566
 DATE OF ORDER: 10-25-00
 DATE OBTAINED BACK
 HOME PHONE NO.
 WORK PHONE NO.

NAME
 ADDRESS
 CITY & STATE

VEHICLE MAKE: Chevy
 MODEL: 1500
 LICENSE NO: 38091T
 VIN: 1GDT1300V2113371
 COLOR: Green

ESTIMATED PRICE \$
 LABOR CHARGE
 LUBRICATE
 CHANGE OIL & FILTER
 RE-ACK WHEEL BEARINGS
 SERVICE AIR CLEANER
 ROTAVE TINES
 CHANGE TRANS FLUID
 ALIGN FRONT END
 EMISSION CONTROL SERVICE

DATE
 TIME
 AM, P.M.

NO. CALLED
 NEW TOTAL ESTIMATE
 LABOR INSTRUCTIONS
 REPLACE 2/4 upper ball joints
 2/4 lower good
 R/H upper - good
 R/H lower - bad little noise
 all bearings in front good

IN SERVICE DATE
 WORK PHONE NO.
 ESTIMATED PRICE \$
 LABOR CHARGE

TOTAL PARTS
SUBLET REPAIRS - TOWING

DESCRIPTION	AMOUNT
Gal. Gas @	
Oil, Oil @	
Lbr. Grease @	
TOTAL GAS, OIL & GREASE	
TOTAL SUBLET REPAIRS	40.00

TOTAL MATERIAL

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

- I received an estimate in writing before you begin repairs.
- Please proceed with repairs, but call me before continuing if the price will exceed \$ _____.
- I do not want an estimate.

Do you want the replaced parts you are entitled to? Yes No
 Call when vehicle is ready? Yes No

Payment will be made by: Cash Credit Card Charge
 I authorize repairs without first being customer contact.

SEE REVERSE SIDE BEFORE SIGNING.
 I HEREBY AUTHORIZE the above repairs, work to be done along with necessary materials. You and your employees may, without my consent, use my vehicle for purposes of testing, inspection or delivery at my risk. An express disclaimer can be acknowledged on above vehicle to secure the amount of my insurer's liability. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control or for any damage caused by unsuitability of parts or delays in parts shipments by the supplier or transporter. I understand that all charges are due upon delivery of the vehicle. I acknowledge receipt of a copy of this agreement.

CUSTOMER SIGNATURE

TECHNICIAN SIGNATURE

DESCRIPTION	AMOUNT
TOTAL LABOR	447.00
TOTAL PARTS	447.00
GAS, OIL & GREASE	
PAINT & BODY MATERIALS	
SUBLET & TOWING	40.00
SUPPLIES	
SUB TOTAL	894.00
SALES TAX	89.40
TOTAL	983.40

MOTOR VEHICLE PURCHASE CONTRACT THIS IS AN OFFER TO PURCHASE THAT WILL BECOME A BINDING MOTOR VEHICLE PURCHASE CONTRACT IF ACCEPTED BY THE DEALER LICENSEE OR HIS AUTHORIZED AGENT. THE DEALER LICENSEE MUST ACCEPT OR REJECT THIS OFFER WITHIN 2 WORKING HOURS OR THE OFFER IS AUTOMATICALLY VOIDED AND THE OFFEROR (PURCHASER) MAY RESCIND THE OFFER UNLESS AND UNTIL ACCEPTED BY THE DEALER LICENSEE. UNTIL ACCEPTANCE OR REJECTION OF THE OFFER, THE LICENSEE SHALL BE PROHIBITED FROM SELLING THE VEHICLE TO ANY OTHER PARTY.

DEALER NAME <i>wheel way</i>	VEH. STOCK NO. OR ORDER NO.	ORDER DATE <i>Jan 23 1997</i>
ADDRESS <i>1117 13 North</i>	SALESPERSON'S NAME (Please Print) <i>Sherry</i>	
CITY, STATE, ZIP <i>FITZGERALD WA 98524</i>	SALESPERSON'S LICENSE NO. <i>090500</i>	
TELEPHONE NO. <i>715-762-2467</i>		

PURCHASER'S NAME [REDACTED]	STATE [REDACTED]
PURCHASER'S STREET ADDRESS [REDACTED]	
RESIDENCE PHONE <i>715-266-2104</i>	RESIDENCE ZIP <i>SAME</i>
RESIDENCE YEAR <i>WINTER</i>	RESIDENCE COUNTY <i>SANUFER</i>
DRIVER'S LICENSE NUMBER <i>6-320-7543-2042-03</i>	EXPIRES <i>2/2/32</i>

ENTER MY ORDER FOR THE FOLLOWING DESCRIBED VEHICLE	<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> USED	<input type="checkbox"/> DEMO	<input type="checkbox"/> EXEC	TITLE AS <input type="checkbox"/> CAR	<input type="checkbox"/> TRUCK	<input type="checkbox"/> OTHER	LICENSE NO. <i>RMP 354</i>
MODEL YEAR <i>1997</i>	MAKE - TRADE NAME <i>Chrysler</i>	MODEL <i>Blazer</i>	BODY TYPE <i>SUV</i>	IDENTIFICATION NO. <i>16NDE13W0V2113271</i>				
VEHICLE PURCHASED								
VEHICLE TRADED IN								

ORDERED COLOR <i>Gray/Silver</i>	ORDERED TRIM <i>Gray</i>	ORDERED ENGINE <i>6 cyl.</i>	CODE	BASE PRICE OF VEHICLE SOLD \$ Manufacturer's Installed Options <i>27,956.00</i>
WARRANTIES AND/OR REPRESENTATIONS See reverse side for details on No. 15.				
1. <input type="checkbox"/> New Vehicle Manufacturer Warranty				
2. <input type="checkbox"/> Dealer's Warranty				