

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 436

Date Received

13-NOV-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

874839

 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> KNDJA7233Y5626853	Vehicle Make KIA	Vehicle Model SPORTAGE	Vehicle Year 2000	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 checked="" type="checkbox"/> New <input 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 type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) ELECTRICAL SYSTEM:FUSE	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) 04-NOV-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)

THE CONSUMER METER FUSE GOES OUT & NOTHING ON THE DASHBOARD DISPLAYS. THIS HAS HAPPENED TWICE & THE DEALER HAS REPLACED IT WITHOUT NO EXPLANATION OR REMEDY.

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.

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.

CONTINUE ON BACK IF NEEDED

I have had other fuse problems before regarding my stereo, alarm and windows with no explanation.

CONSUMERS METER FUSE GOES OUT & NOTHING ON DASHBOARD DISPLAYS. THIS HAS HAPPENED TWICE, AND DEALER HAS REPLACED IT WITHOUT EXPLANATION OR REMEDY. AK

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

Crash	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fire	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Number of Persons Injured		Number of Failures		Estimated Property Damage		Reported to Police	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

No of Failures	3	Dates of Failure(s)	04-NOV-2000	Mileage at Failure(s)	34500	Vehicle Speed at Failure(s)	had NO get up, very slow
Failed Part(s)	Meter	Location		Failed Part(s)		Available?	
Failed Part(s)		Location		Failed Part(s)		Available?	
Failed Part(s)		Location		Failed Part(s)		Available?	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	08419000	Part Name(s)	Meter	Location		Failed Part(s)	
Transmission Type	Automatic	Antilock Brakes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Restraint System	3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input checked="" type="checkbox"/>	Drive Train	Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/>
Vehicle Type	Car	Engine Size	4	Engine Type	Gas	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	9/30/99	Dealer's Name	Michael K...	City	Fresno	State	CA	Zip Code	93704
Vehicle Ident. No. (VIN)	KNDJAZ337Y828553	Vehicle Make	KIA	Vehicle Model	SPORTAGE	Vehicle Year	2000	Current Odometer Reading	35304

VEHICLE INFORMATION

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: *[Signature]* Date: 11/28/00

Home Number	[Redacted]	Work Number	654939
Reference No.	874839	Reference No.	874839
U.S. Department of Transportation	NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION	U.S. Department of Transportation	NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
DOT Auto Safety Hotline	1-888-DASH-2-DOT	DOT Auto Safety Hotline	1-888-DASH-2-DOT
Vehicle Owner's Questionnaire (VOQ)	1-888-327-4236	Vehicle Owner's Questionnaire (VOQ)	1-888-327-4236
www.nhtsa.dot.gov/hotline		www.nhtsa.dot.gov/hotline	
DATE RECEIVED	13-NOV-2000	DATE RECEIVED	13-NOV-2000
FOR AGENCY USE ONLY	436	FOR AGENCY USE ONLY	436

CASH CREDIT
 CHECK MACH
 OTHER

ALL PARTS REMOVED WILL BE DISCARDED UNLESS SPECIFIED OTHERWISE

DISCARD SAVE

APPOINTMENT YES NO

DATE: 07/11/09
 TIME: 10:00 AM
 STATE REG# AK-156379

CUSTOMER NAME: [REDACTED]
 PHONE: [REDACTED]
 ADDRESS: [REDACTED]

DATE	TIME	PHONE # OR INVOICE #	AUTHORIZED BY	RECEIVED	RECEIVED TOTAL	RECEIVED AMOUNT	RECEIVED TOTAL	RECEIVED AMOUNT	RECEIVED TOTAL	RECEIVED AMOUNT	RECEIVED TOTAL

LABOR INSTRUCTIONS

ORIGINAL CUSTOMER ESTIMATE PARTS LIST

W 01K1Z TUB AND TIE FILTER
 FREE RE-CHANGE

W 45K1Z HIGH AND LOW FILTER
 CUSTOMER STATES POWER BOOK LOCKS ARE IMPROPERLY TIMING

W 45K1Z HIGH AND LOW FILTER
 CUSTOMER STATES PAID WAS DEAN THIS HOURLINE AND CREDIT ON WHILE DRIVING

Our usual charges for labor are not based on actual mechanic's time, but are simply our price for parts. For certain specific work, we may elect to charge actual mechanic's time at a rate stated above per hour, such as minimum charge of \$20.00 and the maximum amount stated in our written estimate. In that case, your repair order will indicate. You will be charged no more than the estimated price approved by you. However, if we discover that different additional repairs are indicated you will be contacted for your approval of a revised estimate.

MICHAEL AUTOMOTIVE CENTER

CHEVROLET • CADILLAC • OLDSMOBILE
 5207 NORTH BILKINGTON AVENUE
 FRESNO, CALIFORNIA 93710
 P. 509.251.2372
 F. 509.251.2373
 WWW.MICHAELAUTOMOTIVE.COM

FOR YOUR CONVENIENCE
 Our Service Department Hours
MONDAY TO FRIDAY 7:00 AM TO 5:30 PM
 Please arrange to pick up your vehicle prior to 5:30 PM.

FOR PARTS AND SERVICE WORK, WE ACCEPT:

THANK YOU FOR BRINGING YOUR VEHICLE TO MICHAEL AUTOMOTIVE CENTER.

ACKNOWLEDGE RECEIPT OF A COPY OF THE WORK ORDER
 NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

TERMS CASH CREDIT CHECK CHECK CARD VISA MARR OTHER	VEHICLE ID NO.	YEAR, MAKE, MODEL	PRODUCTION DATE	STOCK NO.	LICENSE NO.	REG. NO.
		2011 Acura Integra				5P0263
		SALE				
APPOINTMENT	DATE/TIME REQUIRED	DATE/TIME	PRIORITY			
<input type="checkbox"/> YES	11/11/10 10:00 AM	11/11/10 10:00 AM	Normal			
<input checked="" type="checkbox"/> NO						
LABOR INSTRUCTIONS						
ORIGINAL REQUEST FOR PARTS: PARTS: LABOR: TOTAL:						
0 12345 67890 1234567890 1234567890						
ESTIMATE NO. 1234567890						
CUSTOMER NAME: JOHN DOE						
ADDRESS: 1234 MAIN ST, FRESNO, CA 93701						
PHONE: 555-555-5555						
VEHICLE MAKE/MODEL: Acura Integra						
VEHICLE YEAR: 2011						
VEHICLE COLOR: Silver						
VEHICLE VIN: 1HGAJ1F50AA012345						
VEHICLE MILEAGE: 10000						
VEHICLE LICENSE: 5P0263						
VEHICLE REGISTRATION: 11/10/00						
VEHICLE TITLE: 874						
VEHICLE MAKE/MODEL: Acura Integra						
VEHICLE YEAR: 2011						
VEHICLE COLOR: Silver						
VEHICLE VIN: 1HGAJ1F50AA012345						
VEHICLE MILEAGE: 10000						
VEHICLE LICENSE: 5P0263						
VEHICLE REGISTRATION: 11/10/00						
VEHICLE TITLE: 874						

Our usual charges for labor are not based on actual mechanic's time, but are simply our price for particular jobs. For certain specific work, we may elect to charge for actual mechanics time at a rate stated above per hour, subject to a minimum charge of \$20.00 and the maximum amount stated in our written estimate. In that case, your repair order will so indicate. You will be charged no more than the estimated price approved by you. However, if we discover that different or additional repairs are indicated you will be contacted for your approval of a revised estimate.

MICHAEL AUTOMOTIVE CENTER

MICHAEL AUTOMOTIVE CENTER
 1515 MICHAEL
 CHEVROLET • CADILLAC • OLDSMOBILE TOYOTA • PORSCHE • VOLKSWAGEN
 5707 NORTH BLACKSTONE AVENUE KIA • AUDI
 FRESNO, CALIFORNIA 93710
 P. A. N. 934-120072
 E. P. A. N. 934-120072
 E. P. A. N. 934-120072

VISIT US AT www.michaelautomotive.com

For Your Convenience
 Our Service Department Hours
MONDAY TO FRIDAY: 7:00 AM TO 5:30 PM
 Please arrange to pick-up your vehicle prior to 5:30 PM.

FOR PARTS AND SERVICE
 WORK, WE ACCEPT:

THANK YOU FOR BRINGING
 YOUR VEHICLE TO
MICHAEL AUTOMOTIVE CENTER

I hereby authorize the repair work shown in this repair order to be done and the necessary materials to be used and I agree to pay your charges for such work. You and your employees may operate your vehicle at your own risk. I further agree to the Additional Terms on the reverse hereof.
ACKNOWLEDGE RECEIPT OF A COPY OF THIS WORK ORDER
NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

MICHAEL AUTOMOTIVE CENTER

MICHAEL
CHEVROLET - CADILLAC - OLDSMOBILE
5737 NORTH BLACKSTONE AVENUE
FRESNO, CALIFORNIA 93710

B.A.R. #AK-120472

MICHAEL
TOYOTA - PORSCHE - VOLKSWAGEN
KIA - AUDI
50 W. BULLARD AVE.
FRESNO, CALIFORNIA 93704
B.A.R. #AK-156379



CUSTOMER NO. 120472	ADVISOR LARRY BROWN	CARD NO. 120472	INVOICE DATE 1-13-90	INVOICE NO. 120472
	LABOR RATE	LICENSE NO.	MILEAGE 10000	COLOR BLACK/GRY
	YEAR / MAKE / MODEL 1988 CHEVROLET CHEVROLET 4DR 4000		DELIVERY DATE 12-15-89	DELIVERY MILES 10
	VEHICLE ID. NO. 1N8J47131Y5626050		SELLING DEALER NO. 120472	PRODUCTION DATE
	F.T.E. NO.	P.O. NO.	R.O. DATE 1-13-90	
RESIDENCE PHONE 202-242-7231	PHONE 202-242-4923			

LABOR
#1 19K12
ELECTRICAL HOURS: 2.70 TECH(S)1772
FUSE FOR INSTRUMENT CLUSTER KEEPS POPPING (3 TIMES)
FUSE METER FUSE BLOWN, THERE IS RESISTANCE TO GROUND ON THE
GREEN/WIRE USING ETH. ALL CONNECTIONS IN THIS CIRCUIT
ARE GOOD. INSPECTED FOR POSSIBLE CHAFFED WIRING, ALL WERE OK
DISCONNECTED CONNECTORS ONE-BY-ONE AND WHEN C251 WAS REMOVED
THE RESISTANCE GROUND WAS GONE.
REPLACED FUSE AND SECURED ALL CONNECTORS BACK IN PLACE AND
THERE IS NO MORE RESISTANCE TO GROUND.

TOTAL - LABOR 0.00

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
#1	1	70752-07009	FUSE, MINI	0.00
TOTAL - PARTS				0.00

ALL PARTS ARE NEW UNLESS OTHERWISE SPECIFIED.	TOTAL LABOR	0.00
B.A.R. REGISTRATION #AK-156379	TOTAL PARTS	0.00
S.P.A. #982461113	TOTAL SUBLET	0.00
	TOTAL G.O.S.	0.00
	TOTAL MISC CHG.	0.00
	TOTAL MISC DISC.	0.00
	TOTAL TAX	0.00
	TOTAL INVOICE \$	0.00

OUR USUAL CHARGES FOR LABOR ARE NOT BASED ON ACTUAL MECHANIC TIME, BUT ARE SIMPLY OUR PRICE FOR PARTICULAR JOBS. FOR CERTAIN SPECIFIC WORK, WE MAY ELECT TO CHARGE FOR ACTUAL MECHANICS TIME AT A RATE OF \$78.00 PER HOUR, SUBJECT TO A MINIMUM CHARGE OF \$20.00 AND THE MAXIMUM AMOUNT STATED IN OUR WRITTEN ESTIMATE. IN THAT CASE, YOUR REPAIR ORDER WILL SO INDICATE; YOU WILL BE CHARGED NO MORE THAN THE ESTIMATED PRICE APPROVED BY YOU. HOWEVER, IF WE DISCOVER THAT DIFFERENT OR ADDITIONAL REPAIRS ARE INDICATED YOU WILL BE CONTACTED FOR YOUR APPROVAL OF A REVISED ESTIMATE.

NON-OE AFTER PART NUMBER INDICATES NON-FACTORY PART

CUSTOMER SIGNATURE