



U.S. Department  
of Transportation  
  
National Highway  
Traffic Safety  
Administration

Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

## FOR AGENCY USE ONLY

436

Date Received

16-NOV-2000

Od\_or

rt\_dt

od\_rt

up\_ltr

Reference No.

875073

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.) (located at front of vehicle or on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G1NE52MDW6245884                                                           | CHEVROLET    | MALIBU        | 1998         |                          |

|                                                                       |                                       |                             |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size (CID/CCL) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____         |                                                                                                                                              |

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                    |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | Body Style<br><input type="checkbox"/> Sport Vlt<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                   |                                                                                                 |                                                                                                                                                |                                                                                             |
|-----------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>03250000<br>03270000 | Part Name(s)<br>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM<br>BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM    | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures                   | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br>  Yes   No                                                                                                        | NHTSA Previously Contacted?<br>  Yes   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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

DEALER HAD TO REPLACE FRONT BRAKES AT 16000 MILES. BRAKE PADS REPLACED & TURNED ROTORS. AT 22,00 MILES, THEY REPLACED ROTORS AT NO CHARGE. AT 31,000 MILES, THEY HAVE WARPED AGAIN. STEERING WHEEL SHOOK REAL BADLY. PROBLEM HAS NEVER BEEN FOUND, BUT THEY WILL NOT COVER THE COST. "AK"

CONTINUE ON BACK IF NEEDED

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.

|                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br><b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                            |                                                                                                                                                                            | <b>FOR AGENCY USE ONLY</b> 436<br>Date Received<br><div style="text-align: right;">16-NOV-2000</div>                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                            | Od_or _____<br>rt_dt _____<br>od_n _____<br>up_kr _____<br>Reference No.<br><div style="text-align: right;">875073</div>                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| OWNER INFORMATION (Type or Print)                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                            | 656935                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of a signature, please print your name and address to the vehicle manufacturer.<br>Signature of Owner _____ Date <u>12/1/00</u>                                                                                    |                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Vehicle Ident. No. (VIN) <small>(located on left side of windshield on driver's side)</small><br>1G1NE52M0W6245884                                                                                                                                                                                                                                                                               |                                                                                                                                                                            | Vehicle Make<br>CHEVROLET                                                                                                                                                                                                                                | Vehicle Model<br>MALIBU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                            | Vehicle Year<br>1998                                                                                                                                                                                                                                     | Current Odometer Reading<br>27,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Purchase Date<br>7-31-98<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                                                                                                                | Dealer's Name <u>FITZGERALD AUTO MALL INC.</u><br>City <u>FREDERICK</u> State <u>MD</u> Zip Code <u>21702</u>                                                              |                                                                                                                                                                                                                                                          | Engine Size (CID/CC/L) _____<br>No Cylinders <u>6</u><br><input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection                                                                                                                                                                                                                                                                                                                                                                                         |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                       | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                  | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driver's Side Airbag<br><input type="checkbox"/> Passenger's Side Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2 Point Belt | Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel<br>Vehicle Type<br><input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other<br>Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |
| FAILED COMPONENT(S)/PART(S) INFORMATION                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Component<br>03250000<br>03270000                                                                                                                                                                                                                                                                                                                                                                | Part Name(s)<br>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM<br>BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM <u>ROTORS</u>                                                                 |                                                                                                                                                                                                                                                          | Location<br><input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear<br>Failed Part(s)<br><input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement                                                                                                                                                                                                                                                                                                                         |
| No of Failures<br><u>3</u>                                                                                                                                                                                                                                                                                                                                                                       | Date(s) of Failure(s) <u>5-12-99</u> <u>5-4-00</u> <u>11-21-00</u><br>Mileage at Failure(s) <u>19,617</u> <u>22,337</u> <u>31,501</u><br>Vehicle Speed at Failure(s) _____ |                                                                                                                                                                                                                                                          | Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                     | Fatality<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            | Number of Persons Injured _____                                                                                                                                                                                                                          | Number of Fatalities _____<br>Estimated Property Damage _____<br>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| DEALER HAD TO REPLACE FRONT BRAKES AT 16000 MILES. BRAKE PADS REPLACED & TURNED ROTORS. AT 22,00 MILES, THEY REPLACED ROTORS AT NO CHARGE. AT 31,000 MILES, THEY HAVE WARPED AGAIN. STEERING WHEEL SHOOK REAL BADLY. PROBLEM HAS NEVER BEEN FOUND, BUT THEY WILL NOT COVER THE COST. *AK<br><br><div style="font-size: 2em; text-align: center; margin-top: 20px;">TURN OVER THIS IS WRONG</div> |                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

CONTINUE ON BACK IF NEEDED

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INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE) \_\_\_\_\_

10/1

SIZE

NARRATIVE DESCRIPTION (CONTINUED)

NARRATIVE DESCRIPTION (CONTINUED) I BOUGHT CAR NEW 7-31-98. AT 5-12-99 HAD TO ~~REPLACE~~  
HAVE ROTORS TURNED BECAUSE THEY WERE SO BADLY WARPED ONLY 10,617<sup>MILES</sup> ON CAR  
WHEN I PUT THE BRAKES ON THE CAR WAS ALL OVER THE ROAD HAD TO CONTROL THEN AT 5-1-00 AND  
22,242 MILES THE ROTORS WARPED AGAIN AND CAR WAS HARD TO CONTROL WHEN <sup>BRAKES</sup> APPLIED  
SO FITZGERALD REPLACED FRONT ROTORS. G. MOTORS SAID TO DO THIS AS A ONE  
TIME THING. NEW TYPE OF ROTORS. llllllllllllllllllllll  
THEN ON 11-91-00 AND 34,502 MILES WHICH IS ONLY 5,260 MILES FROM  
THE LAST BRAKE JOB, THEY FITZGERALD & GENERAL MOTOR AS PER JOHN  
GRAP - GM DISTRICT MANAGER REPLACED ROTORS & BRAKE PADS  
AGAIN BECAUSE THEY WERE WARPED BADLY AGAIN AND CAR HARD TO  
CONTROL. THEY MADE ME PAY THE LABOR THIS TIME \$172.00 ~~SAYS~~ WHICH IS WRONG  
THE TROUBLE AS FAR AS I SEE IT HAS NEVER BEEN FIXED, ONLY TEMPORARILY.

- **anatomy for Private Use \$300**



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFIC SAFETY ADMIN

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
**Information Management Staff NSA-10.01**  
400 7th Street, SW  
Washington, DC 20590

# Fitzgerald

AUTO MALL, Inc.

(301) 696-9200

114 Baughman's Lane, Frederick, MD 21702

1-800-4AUTOMALL

www.fitzgeraldautomall.com



MAZDA

SAAB



Jeep

We want your business.

GOODYEAR

GET REAL. GET MOPAR.

YOU MAY BE SURVEYED BY THE MANUFACTURER EITHER BY PHONE OR MAIL. THESE ARE OUR PERSONAL REPORT CARDS & WE WOULD LIKE TO EARN AN EXCELLENT RATING. IF YOU CANNOT COMPLETE THE SURVEY AS DESIRED, PLEASE CONTACT YOUR TEAM SERVICE MANAGER SO WE MAY HAVE THE OPPORTUNITY TO EARN AN EXCELLENT RATING.

FIRST TIME BRAKES - ROTORS - TURNED 5/12/99 - 10,617

Repairs charged for were needed and performed. All parts listed below are new unless identified U - Used or R - Rebuilt. Labor charges are computed by flat rate measure and are based on industry sources and do not reflect the actual time required to perform repairs. This vehicle has been tested and in my opinion the work was performed satisfactorily.

|                       |                                                |             |                     |                           |                           |
|-----------------------|------------------------------------------------|-------------|---------------------|---------------------------|---------------------------|
| CUSTOMER NO.<br>52478 | ADVISOR<br>JAMES BROIS                         | 977         | CARD NO.<br>350     | INVOICE DATE<br>05/04/00  | INVOICE NO.<br>CVCS304974 |
|                       | LABOR RATE<br>76.00                            | LICENSE NO. | MILEAGE IN<br>22237 | COLOR<br>DARK CARMIN      | STOCK NO.<br>624568       |
|                       | YEAR/MAKE/MODEL<br>98/CHEVROLET/MALIBU/LS SEAM |             |                     | DELIVERY DATE<br>07/31/98 | DELIVERY MILES<br>283     |
|                       | VEHICLE ID<br>1G1EE206141000000                |             |                     | SELLING DEALER NO.<br>FAM | PRODUCTION DATE           |
|                       | P.T.E. NO.                                     | P.D. NO.    |                     | R.O. DATE<br>05/01/00     | AUTH.                     |
|                       |                                                |             | EM LOANER YES       |                           | MILEAGE OUT<br>MILE 22242 |

LABOR & PARTS  
J# 1 10CVZLEARNER LOANER CAR UNITS: 0.00 TECH(S):BL00 0.00  
OWNER REQUESTED FITZGERALD LOANER CAR  
NEEDED TRANSPORTATION  
PROVIDED TRANSPORTATION

PARTS-----QTY-----FP-NUMBER-----DESCRIPTION-----UNIT PRICE-----  
JOB # 1 TOTAL PARTS 0.00  
JOB # 1 TOTAL LABOR & PARTS 0.00

J# 2 40CVZ LIGHTING UNITS: TECH(S):BL00 WARRANTY  
CUSTOMER STATES BRAKE LIGHT AND BACK UP LIGHT INOP D/S  
NEW BULBS WERE PUT IN DID NOTIT EFFECT  
OPEN IN SYSTEM  
REPAIRED OPEN TO BACK UP LIGHT

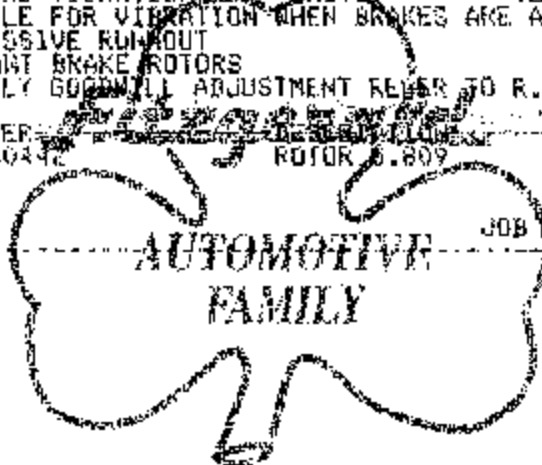
PARTS-----QTY-----FP-NUMBER-----DESCRIPTION-----UNIT PRICE-----  
JOB # 2 TOTAL PARTS 0.00  
JOB # 2 TOTAL LABOR & PARTS 0.00

J# 3 03CVZNOISE NOISE IN REAR END UNITS: 0.60 TECH(S):FE00 WARRANTY  
CHECK VEHICLE FOR NOISE IN REAR AXLE OR SUSPENSION  
SHOEEKING NOISE IN REAR  
NOISY  
REPOSITION RIGHT AND LEFT REAR COIL SPRINGS

PARTS-----QTY-----FP-NUMBER-----DESCRIPTION-----UNIT PRICE-----  
JOB # 3 TOTAL PARTS 0.00  
JOB # 3 TOTAL LABOR & PARTS 0.00

J# 4 05CVZVIB BRAKE VIBRATION UNITS: TECH(S):BL00 WARRANTY  
CHECK VEHICLE FOR VIBRATION WHEN BRAKES ARE APPLIED  
ROTORS EXCESSIVE RUNOUT  
REPLACE FRONT BRAKE ROTORS  
ONE TIME ONLY GOODWILL ADJUSTMENT REFER TO R.O.#0272652

PARTS-----QTY-----FP-NUMBER-----DESCRIPTION-----UNIT PRICE-----  
JOB # 4 2 18060442 ROTOR 0.809 WARRANTY 0.00  
JOB # 4 TOTAL PARTS 0.00  
JOB # 4 TOTAL LABOR & PARTS 0.00



LIMITED EXPRESS-WARRANTY. 90 DAYS OR 4000 MILES WHICHEVER OCCURS FIRST.  
ALL ADJUSTMENT WORK MUST BE PERFORMED AT FITZGERALD AUTO MALL, Inc.

In addition to the written warranty, the manufacturer warrants through it's dealer most parts and accessories for a period of 12 months or 12,000 miles, whichever occurs first. Also, General Motors, through the Goodwrench Service Plus program will carry a lifetime warranty on certain General Motors parts and accessories. This warranty does not cover the reimbursement of labor costs on any over-the-counter parts sale. Please see dealer for a copy of the terms and conditions of this warranty.

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|                       |                                                 |             |                     |                           |                            |
|-----------------------|-------------------------------------------------|-------------|---------------------|---------------------------|----------------------------|
| CUSTOMER NO.<br>52478 | ADVISOR<br>JAMES BRUIS                          | 9/1         | CARD NO.<br>304     | INVOICE DATE<br>11/22/00  | INVOICE NO.<br>CVC5325369  |
|                       | LABOR RATE<br>76.00                             | LICENSE NO. | MILEAGE IN<br>31500 | COLOR<br>DARK CARMEN      | STOCK NO.                  |
|                       | YEAR/MAKE/MODEL<br>98 CHEVROLET MALIBU LS SEUAN |             |                     | DELIVERY DATE<br>07/31/98 | DELIVERY MILES<br>283      |
|                       | VEH. ID.<br>1 1 E 2 0 6 4 4 8 4                 |             |                     | SELLING DEALER NO.<br>FAM | PRODUCTION DATE            |
|                       | ATE NO.                                         | PA NO.      |                     | R.O. DATE<br>11/21/00     | AUTH.                      |
|                       |                                                 |             | BY LUNER JES        |                           | RELEASE OUT<br>NOV 31 2002 |

**LABOR & PARTS**  
 JOB 1 100CV/LANER LOANER CAR UNITS: 0.00 TECH(S):#8.00 0.00  
 OWNER REQUESTED FITZGERALD LOANER CAR  
 NEEDED TRANSPORTATION  
 PROVIDED TRANSPORTATION

**PARTS** QTY PP-NUMBER DESCRIPTION UNIT PRICE  
 JOB # 1 TOTAL PARTS 0.00  
 JOB # 1 TOTAL LABOR & PARTS 0.00

JOB 2 00CV/L BRAKES UNITS: TECH(S):#14.00 WARRANTY  
 INSPECT FOR BRAKES SQUEAL  
 VIBRATION  
 REPLACE ROTORS AS PER JOHN BRAM ON JSM  
 CUSTOMER PAYS FOR LABOR AND PARTS, SEE LINE 5.  
 LAST TIRE REPLACEMENT  
 UNDER WARRANTY

**PARTS** QTY PP-NUMBER DESCRIPTION UNIT PRICE  
 JOB # 2 2 18060442 ROTOR 5.809 0.00  
 JOB # 2 TOTAL PARTS 0.00  
 JOB # 2 TOTAL LABOR & PARTS 0.00

JOB 3 20CV/L WHEELS AND TIRES UNITS: TECH(S):#18.00 0.00  
 CUSTOMER STATES TIRE CENTERS WEARING OUT  
 TIRES UNDER INFLATED AND LACK OF ROTATION  
 NO WORK DONE

**PARTS** QTY PP-NUMBER DESCRIPTION UNIT PRICE  
 JOB # 3 TOTAL PARTS 0.00  
 JOB # 3 TOTAL LABOR & PARTS 0.00

JOB 4 46CV/L RADIO SYSTEM UNITS: TECH(S):#14.00 WARRANTY  
 CUSTOMER STATES RADIO HAS POOR RECEPTION  
 ANTENNA CONNECTION LOOSE  
 TIGHTEN ANTENNA WIRE

**PARTS** QTY PP-NUMBER DESCRIPTION UNIT PRICE  
 JOB # 4 TOTAL PARTS 0.00  
 JOB # 4 TOTAL LABOR & PARTS 0.00

JOB 5 26CVZFR18R100R FRONT BRAKE JOB UNITS: TECH(S):#18.00 170.00  
 PERFORM FRONT BRAKE JOB  
 WORN  
 REPLACE FRONT BRAKE PADS, MACHINE FRONT ROTORS

**PARTS** QTY PP-NUMBER DESCRIPTION UNIT PRICE  
 JOB # 5 1 18039670 SHOCK KIT 54.50 54.50  
 JOB # 5 TOTAL PARTS 54.50  
 JOB # 5 TOTAL LABOR & PARTS 174.50

LIMITED EXPRESS-WARRANTY. 90 DAYS OR 4000 MILES WHICHEVER OCCURS FIRST.  
 ALL ADJUSTMENT WORK MUST BE PERFORMED AT FITZGERALD AUTO MALL, Inc.

In addition to the written warranty, the manufacturer warrants through it's dealer most parts and accessories for a period of 12 months or 12,000 miles, whichever occurs first. Also, General Motors, through the Goodwrench Service Plus program will carry a lifetime warranty on certain General Motors parts and accessories. This warranty does not cover the reimbursement of labor costs on any over-the-counter parts sale. Please see dealer for a copy of the terms and conditions of this warranty.