
 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 335		
OWNER INFORMATION (Type or Print) <div style="background-color: black; width: 100%; height: 20px;"></div>		Date Received 10-JAN-2001		Od_or _____ rt_dt _____ od_rt _____ up_jtr _____		
Signature of Owner _____		Date ____/____/____		Reference No. 877850		
VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)		Vehicle Make CHEVROLET TRUCK	Vehicle Model BLAZER	Vehicle Year 1999	Current Odometer Reading	
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input 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	Body Style <input type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION						
Component 02132000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN T		Location: <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear		Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures	Date(s) of Failure(s) 09-JAN-2001 Mileage at Failure(s) 39000 Vehicle Speed at Failure(s) _____		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) BOTH BALL JOINTS ON EACH SIDE OF WHEEL ARE BAD. IF THEY BREAK, WHEELS COULD POSSIBLY FALL OFF, AND COULD LOOSE STEERING. *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.						

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 335</p>	
<p>Date Received 10-JAN-2001</p>		<p>Officer's Name OFFICER NICH</p>		<p>Officer's ID 877860</p>	
<p>OWNER INFORMATION (Type or Print)</p>				<p>Work Number _____ Home Number _____</p>	
<p>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 In the absence of an authorized representative, provide name and address to the vehicle manufacturer.</p>					
<p>Signature of Owner _____</p>				<p>Date 1/13/01</p>	
<p>VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1GN0T13W X 21H</p>		<p>Vehicle Make CHEVROLET TRU</p>	<p>Vehicle Model BLAZER</p>	<p>Vehicle Year 1999</p>	<p>Current Odometer Reading 40,000</p>
<p>Purchase Date 4-99</p>	<p>Dealer's Name Jake Sweeney</p>		<p>Engine Size (C/D/CCL) 4.3L</p>	<p>No. Cylinders 6</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>
<p><input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>City Cincinnati State Ohio Zip Code _____</p>		<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag</p>
<p>Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p><input checked="" type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style <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</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component 02132000</p>	<p>Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN T</p>		<p>Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures 1</p>	<p>Date(s) of Failure(s) 09-JAN-2001</p>		<p>Mileage at Failure(s) 39000</p>	<p>Vehicle Speed at Failure(s) _____</p>	<p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
					<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured _____</p>	<p>Number of Fatalities _____</p>	<p>Estimated Property Damage _____</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>BOTH BALL JOINTS ON EACH SIDE OF WHEEL ARE BAD. IF THEY BREAK, WHEELS COULD POSSIBLY FALL OFF, AND COULD LOOSE STEERING. *AK</p>					
<p>CONTINUE ON BACK IF NEEDED</p>					
<p>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.</p>					

5818 E US 22-3
 MORROW OHIO 45152
 513-899-2225

Customer: [REDACTED]
 Address: [REDACTED]
 City, State:
 Day Phone:
 Night Phone:
 Fax:
 Estimate Ref: 1151
 Date: January 11, 2001
 Time: 09:25 AM

Service Writer: MIKE
 Service Tech: RAY
 VID:
 Mileage: 99 CHEVROLET BLAZER

Vehicle: 1999 Chevy Truck T Blazer 4WD V6-262 4.3L VIN W SF1

Description	Labor Rate	Qty	Price/Time	Extended
CHANGE OIL AND FILTER		1	21.00	21.00
all Joint, Lower				
Replace, Front, Both Sides (B)	Labor 50.00 / hr	1	2.60	130.00
Does Not Include Alignment				
Front, Lower Ball Joint		2	54.19	108.38
Price for Estimating Purposes Only.				
REPLACE IDLER ARM	Labor 50.00 / hr	1	0.70	35.00
DLER ARM		1	89.25	89.25
SHOP SUPPLIES AND ENVRJO FEES		1		16.00
Labor Total				186.00
Parts Total				197.63
Non-Taxable Total				16.00
Sub-Total				399.63
Labor Tax			6.0%	11.16
Parts Tax			6.0%	11.86
Tax Total				23.02
Total				\$ 422.65

THANK YOU FOR YOUR BUSINESS
 WE CARE

Signature _____ Date _____

PAID
 CK NO. 1658
 DATE 01/11/01
