



U.S. Department of Transportation

National 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 156

Date Received

10-JAN-2001

Od. or
rt_dt _____
od_rt _____
up_itr _____

Reference No.

877894

OWNER INFORMATION (Type or Print)

666057

Work Number

Home Number

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>(Located at bottom of windshield on driver's side)</small> 3BWSA21H4RM018743 | Vehicle Mak VOLKSWAGEN | Vehicle Model GOLF | Vehicle Year 1994 | Current Odometer Reading |
|---|----------------------------------|------------------------------|-----------------------------|--------------------------|

| | | | |
|---|---------------------------------------|------------------------------|---|
| Purchase Date | Dealer's Name _____ | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo Diesel Gas Fuel Injectio |
| <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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbolt <input type="checkbox"/> 2-Point Bel | 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 <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | Body Style <input 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 12364000 | Part Name(s) INTERIOR SYSTEMS:BUCKET:BACK REST | 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) 31-NOV-2000 Mileage at Failure(s) 60 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 1 | Number of Fatalitie | Estimated Property Damag | Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------------------|---------------------|--------------------------|--|

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

WHILE DRIVING VEHICLE STOPPED SUDDENLY TO AVOID A DEER, AND DRIVER'S SEATBACK BROKE, CAUSING DRIVER TO FALL BACKWARD, AND SUSTAIN INJURIES. PLEASE PROVIDE FURTHER INFORMATION.*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 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 style="text-align: center;">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 156</p> <p>Date Received: RECEIVED 10-JAN-2001-1</p> <p>Reference No. 877894</p> |
| <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | <p>Od or rt dt _____ od rt up hr _____</p> |
| <p>OWNER INFORMATION (Type or Print)</p> | |
| | <p>666057</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 _____ and address to the vehicle manufacturer.</p> | |
| <p>Signature of Owner _____ Date 1/15/01</p> | |

VEHICLE INFORMATION

| | | | | |
|--|--|------------------------------|------------------------------|--|
| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) VF 3WVA21H4RM018743 | Vehicle Make VOLKSWAGEN | Vehicle Model GOLF | Vehicle Year 1994 | Current Odometer Reading 69230 |
| Purchase Date 5/27/94 | Dealer's Name Armstrong Buick / VW Inc City Gladstone State OR Zip Code 97027 | | 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 | No Cylinders _____ | | | |

| | | | | | | |
|---|---|--|--|--|---|--|
| Transmission Type <input type="checkbox"/> Manual <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | 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 12364000 | Part Name(s) INTERIOR SYSTEMS:BUCKET:BACK REST | Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures 1 | Date(s) of Failure(s) 10/23/00 Mileage at Failure(s) 60 Vehicle Speed at Failure(s) 25-35 MPH on off-ramp <i>from highway road</i> | Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input 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 0 | Number of Fatalities 0 | Estimated Property Damage _____ | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------------------|----------------------------------|------------------------------------|---|

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

WHILE DRIVING VEHICLE STOPPED SUDDENLY TO AVOID A DEER AND DRIVER'S SEATBACK BROKE, CAUSING DRIVER TO FALL BACKWARD. PLEASE PROVIDE FURTHER INFORMATION.*AK

Driver hit steering column then as she was returning to her original position.

NO INJURIES

Brake on left side

IN AN AWARD POSITION.

Seat was pushed back into normal position & strengthened with wood & straps until replacement seat was received. Driver had seatbelt & shoulder restraint.

CONTINUE ON BACK IF NEEDED

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No Airbags in this vehicle.

ARMSTRONG BUICK - VOLKSWAGEN, INC.

20000 McLOUGHLIN BLVD. • GLADSTONE, OREGON 97027 • PHONE (503) 656-2924 • 1-800-886-8946

| | | | | |
|----------------------------|--|-----------------------|------------------------------|------------------------|
| CUSTOMER NO. [REDACTED] | ADVISOR MICHAEL L. [REDACTED] | CAR NO. 17 | INVOICE DATE 12/15/00 | INVOICE NO. VMS7101 |
| | LABOR RATE | LICENSE NO. 2B7ADW | RELEASE 23365 | STOCK NO. |
| | YEAR / MAKE / MODEL 99 / VOLKSWAGEN / GOLF GL / 4DR | | DELIVERY DATE 09/27/00 | DELIVERY MILES 8 |
| | VEHICLE NO. 5 4 6 2 1 4 M 1 7 | | SELLING DEALER NO. 423083 | CASHIER |
| | P.T.E. NO. | P.O. NO. | I.O. DATE 12/15/00 | INITIALS |
| | CA [REDACTED] | | | DATE |

LABOR & PARTS
JOB # 1 014KZ -- LDF LUBE-OIL-FILTER TECHS: 7496 9.00
 LUBRICATE, CHANGE OIL AND FILTER UP TO 5 QTS OF OIL.
 (MENU PRICED) (ADD: OIL @ \$1.25 PER QT IF NEEDED)

| PARTS | QTY | PN# | DESCRIPTION | LIST PRICE | UNIT | PRICE | | |
|-----------------------------|-----|--------------|--------------------|------------|------|-------|-------|--|
| JOB # 1 | 1 | PK361A | OIL CHANGE SPECIAL | 8.95 | | 8.95 | 6.95 | |
| JOB # 1 | 1 | #-013-849-2 | WASHER | **** | | **** | **** | |
| JOB # 1 | 1 | 04-115-501-A | OIL FILTER | **** | | **** | **** | |
| JOB # 1 TOTAL PARTS | | | | | | | 6.75 | |
| JOB # 1 TOTAL LABOR & PARTS | | | | | | | 13.00 | |

JOB # 2 38WZ -- DIAG-1 SEAT ASST DIAG-1 TECHS: 1895 3.00
 THE DRIVERS SEAT IS UNSTAY ON THE BACK. UNCLIP AND ADVISE.
 ORDERED BACK SEAT FRAME.

| PARTS | QTY | PN# | DESCRIPTION | LIST PRICE | UNIT | PRICE | | |
|-----------------------------|-----|----------------|-------------|------------|------|--------|--------|--|
| JOB # 2 | 1 | 110-801-040-01 | SEAT FRAME | 284.10 | | 284.10 | 284.10 | |
| JOB # 2 TOTAL PARTS | | | | | | | 284.10 | |
| JOB # 2 TOTAL LABOR & PARTS | | | | | | | 324.10 | |

GRAB. & SUPPLIES
JOB # 1 1.00 10W/40 ENGINE OIL @ 5.950 PER QT TOTAL - 6.00 5.95

| MISC | CODE | DESCRIPTION | CONTROL NO | |
|--------------|------|-------------------------------|------------|------|
| JOB # A | 2 | ENVIRONMENTAL/HAZARDOUS WASTE | | 1.00 |
| JOB # A | 1 | PARTS KIT | | 1.00 |
| TOTAL - MISC | | | | 2.00 |

ESTIMATE
 CUSTOMER HEREBY ACKNOWLEDGES RECEIVING ORIGINAL ESTIMATE OF \$308.95 (+TAX)

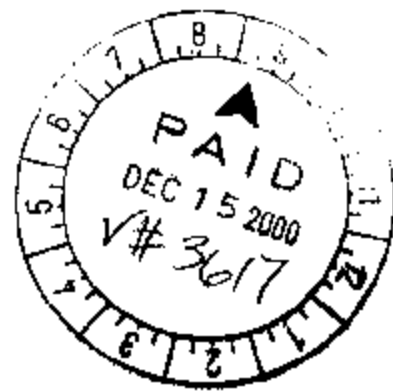
COMMENTS:
 THANK YOU!
 HAVE A HAPPY HOLIDAY!

TOTALS:

| | | |
|---|---------------------|--------|
| Parts designated with an asterisk (*) indicates LIFETIME WARRANTY applies for customer pay repairs. | TOTAL LABOR.... | 9.00 |
| | TOTAL PARTS.... | 271.05 |
| | TOTAL SUBLET.... | 0.00 |
| | TOTAL G.S.G.... | 5.95 |
| | TOTAL MISC CHG.... | 2.00 |
| | TOTAL MISC DISC.... | 0.00 |
| | TOTAL TAX..... | 9.00 |
| | TOTAL INVOICE \$ | 308.95 |

[REDACTED SIGNATURE]

CUSTOMER SIGNATURE



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20000 McLOUGHLIN BLVD. • GLADSTONE, OREGON 97027 • PHONE (503) 656-2924 • 1-800-866-6945

| | | | | |
|-----------------------------------|-------------------------------|------------------------------|--------------------------------|----------------------------------|
| CUSTOMER NO. [REDACTED] | ADVISOR J. K. QUAYE | CAR NO. [REDACTED] | INVOICE DATE 1/17/01 | INVOICE NO. [REDACTED] |
| | LABOR RATE | LICENSE NO. | COUNTRY MODEL NO. | STOCK NO. |
| | YEAR/MAKE/MODEL | REGISTRATION | DELIVERY DATE | DELIVERY MILES |
| | VEHICLE ID. NO. | SALES TAX | SELLING DEALER NO. | CASHIER [Signature] |
| | F.T.E. NO. | P.O. NO. | R.O. DATE | INITIAL X |
| | OR FILE | | | DATE 1/17/01 |

LABOR & PARTS
 JOB # 10802 - OIL/OIL - OIL CHG. 10.00
 SEAT BELT 2nd CAR REAR
 SUBLET
 TO HOPP
 INSTALL SEAT BACK

JOB # 1 TOTAL LABOR & PARTS 61.00

| SUBLET | JOB # | PO# | VEND | INVT | DATE | DESCRIPTION | AMOUNT |
|-----------------------|-------|-----|------|------|------|-------------------------------|---------------|
| * | 10802 | | | | | SEAT BELT REAR BROKEN 2ND CAR | 154.20 |
| TOTAL - SUBLET | | | | | | | 154.20 |

ESTIMATE
 CUSTOMER HEREBY ACKNOWLEDGES RECEIVING ORIGINAL ESTIMATE OF \$154.00 (+TAX)

COMMENTS
 NEEDS CAR

TOTALS

Parts designated with an asterisk (*) indicates LIFE TIME WARRANTY applies for customer pay repairs.

| | |
|-------------------------|---------------|
| TOTAL LABOR | 6.00 |
| TOTAL PARTS | 0.00 |
| TOTAL SUBLET | 154.20 |
| TOTAL G.D.G. | 0.00 |
| TOTAL MISC CHG. | 0.00 |
| TOTAL MISC DISC | 0.00 |
| TOTAL TAX | 0.00 |
| TOTAL INVOICE \$ | 154.20 |

[REDACTED]

✓ 3636
 [Signature]