

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	
OWNER INFORMATION (Type or Print)				Date Received	Od_or rt_dt od_rt up_itr
				18-JAN-2001	
[REDACTED] 667821				Work Number	na
[REDACTED]				Home Number	[REDACTED]
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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 bottom of windshield on driver's side)		Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Reading
1B7GG22X5XF139582		DODGE TRUCK	DAKOTA	1999	
Purchase Date	Dealer's Name _____			Engine Siz (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<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
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
				Vehicle Type	
				<input type="checkbox"/> Car <input type="checkbox"/> Sport Utl <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"/> Station wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 01000000	Part Name(s) STEERING		Location		Failed Part(s)
			<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 30-DEC-2000 Mileage at Failure(s) 23 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 Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
DUE TO THE DEFECTIVE STEERING SHAFT AND PUMP, WHILE DRIVING THE VEHICLE STEERING SYSTEM MALFUNCTION CAUSING NO POWER STEERING WHICH CAUSE THE VEHICLE TO CRASH INTO AN EMBANKMENT. PLEASE PROVIDE FURTHER INFORMATION.					
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.					

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OWNER INFORMATION (Type or Print)				Date Received 18-JAN-2001	Od. or mi. dt. bd. r. up. tr. Reference No. 878438		
[Redacted] 667821				Work Number DB	Home No. [Redacted]		
Do you authorize NHTSA to use your name and address in the absence of an owner's consent to the use of your name and address to the vehicle manufacturer? Signature of Owner [Redacted] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date 1/27/01							
VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1B7GG22X6XF139582		Vehicle Make DODGE TRUCK	Vehicle Model DAKOTA	Vehicle Year 1999	Current Odometer Reading 22,477		
Purchase Date 3-7-99 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name Zeisloft Brothers		Engine Size (CID/CG/L) 3.9/4.4	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection			
City Danville		State PA		Zip Code 17821			
Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	AntiLock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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		Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station/wagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION							
Component 01000000	Part Name(s) STEERING		Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		
No of Failures	Date(s) of Failure(s) 30-DEC-2000		Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Dealer		NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Mileage at Failure(s) 23		Vehicle Speed at Failure(s) 18 MPH					
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 Tree.	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1 whip lash Neck Inj.	Number of Fatalities 0	Estimated Property Damage without part, 1,100. Chrysler paid	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)							
DUE TO DEFECTIVE STEERING SHAFT AND PUMP WHILE DRIVING STEERING SYSTEM MALFUNCTIONED, CAUSING NO POWER STEERING, WHICH MAY RESULT IN VEHICLE CRASHING INTO AN EMBANKMENT. PLEASE PROVIDE FURTHER INFORMATION. *AK over							
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.							

ZEISLOFT BROTHERS

1409 MONTOUR BLVD.

DANVILLE, PA 17821

(570) 275-3300



SERVICE ADVISOR **ROBERT J. GIRTON**

DATE ORDER ENTERED	DATE READY	WORK NO.	VEHICLE IDENTIFICATION	CLASS NO.	TAG NO.	PKT. NO.	INVOICE PRINTED	INVOICE NO.
02JAN01	12JAN01	139582	1B7GG22X8XS139582	7525229			12JAN01	65738
TIME IN	TIME READY	YEAR	MAKE & MODEL	TELEPHONE NO.	TEST. FEE LABOR RATE	DELIVERY DATE	PREPARED BY	AGE
13:43	08:39	99	DODGE DAKOTA		46.00	29MAR99	11	20
MILEAGE IN	MILEAGE OUT	LICENSE NO.						
22505	22509	ZR-30664						

A CUSTOMER STATES POWER STEERING INOPERATIVE
 CAUSE: POWER STEERING PUMP FAILED
 19700111 PUMP, STEERING-Test and replace
 (E)

23 W93 1.10

(N/C)

1 52039489AC PUMP-POWER
 STEERING

(N/C)

1 4883077 *OIL-POWER
 STEERING

(N/C)

FC: 07

PART#: 52039489AC

COUNT:

CLAIM TYPE:

AUTH CODE:

4606

VERIFIED CONCERN FOUND POWER STEERING SHAFT
 BROKEN REPLACED PUMP



CHRYSLER

Plymouth



Dodge

Dodge Trucks

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS,OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

STATEMENT OF DISCLAIMER
 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 this item/items.

CUSTOMER SIGNATURE

X

NOTIFIED CUSTOMER: : : : : VEHICLE READY
 THANK YOU !



Mopar

ZEISLOFT BROTHERS

1409 MONTGOMERY BLVD.

DANVILLE, PA 17821

(570) 275-3300



SERVICE ADVISOR **ROBERT J. GIRTON**

REPAIR ORDER NUMBER	DATE READY	STOCK NO.	VEHICLE IDENTIFICATION	CUST. NO.	TRK. NO.	P.O. NO.	MOBILE PHONES	INVOICE NO.
31JAND1	31JAN01	139582	1B7GG22X8XS139582	7525229				31JAN01 66461
TIME IN	TIME READY	YEAR	MAKE & MODEL	TELEPHONE NO.	ELKS PAY LABOR RATE	DELIVERY DATE	REPAIR BY	ORA
12:58	13:00	99	DODGE DAKOTA		46.00	29MAR99	20	20
MILEAGE IN	MILEAGE OUT	LICENSE NO.						
22515	22517	ZR-30664						

A CUSTOMER STATES REPAIR BODY DAMAGE FROM
 ACCIDENT
 23 BODY
 24 LSP 0.00 (N/C)
 REPAIR BODY DAMAGE



DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

STATEMENT OF DISCLAIMER
 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 this item/items.

CUSTOMER SIGNATURE
 X