



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

125

Date Received

24-JAN-2001

Od\_or

rt\_dt

pd\_rt

ip\_ltr

Reference No.

878891

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) _____<br><small>(Located at bottom of dashboard on driver's side)</small> | Vehicle Make<br><b>GMC</b> | Vehicle Model<br><b>SUBURBAN</b> | Vehicle Year<br><b>1996</b> | Current Odometer Reading |
|----------------------------------------------------------------------------------------------------|----------------------------|----------------------------------|-----------------------------|--------------------------|

|                                                                                                                        |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                             | Dealer's Name _____<br><br>City _____ State _____ Zip Code _____                                                                                                                                                                                                    | Engine Size _____<br>(CID/GAL) _____<br>No Cylinders _____                                                                                                                                                                            | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| Transmission Type<br><br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                         | Antilock Brakes<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                       | Restraint System<br><br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                 |
| Drive Train<br><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><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 checked="" type="checkbox"/> Other _____            |                                                                                                                                              |

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

|                              |                                                                               |                                                                                                                                          |                                                                                             |
|------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>08420000</b> | Part Name(s)<br><b>ELECTRICAL SYSTEM:BATTERY:CABLE</b>                        | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <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><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<br><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<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-----------------------------------------------------------------------------------------------|

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

**EA00013. BATTERY LEAKED ACID AND CORRODED MAIN BATTERY CABLE. PLEASE GIVE ANY FURTHER DETAILS. \*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.

| DOT Auto Safety Hotline                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | FOR AGENCY USE ONLY 125                                                                                                                                                                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p>                                                                                                                                                                                                                                                                                                                                                                                                              |  | <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT<br/>1-888-327-4236<br/>www.nhtsa.dot.gov/hotline</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</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>                                                                                                                                                                                                                                                                                                    |  | <p>Date Received <u>12 JAN 2001</u></p> <p>24-JAN-2001</p> <p>INVESTIGATION</p>                                                                                                                                                                                                            |  |
| <p>OWNER INFORMATION (Type or Print)</p> <p><u>[REDACTED]</u> 668383</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <p>Reference No. 875891</p> <p>Work Number <u>[REDACTED]</u></p> <p>Home Number <u>[REDACTED]</u></p>                                                                                                                                                                                      |  |
| <p>Signature of Owner <u>[REDACTED]</u> Date <u>01/31/01</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |
| <p>VEHICLE INFORMATION</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                            |  |
| <p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p><u>3GNFK16A5TG164982</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <p>Vehicle Make <u>GMC-CHEV.</u></p>                                                                                                                                                                                                                                                       |  |
| <p>Purchase Date <u>08/21/1996</u></p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <p>Vehicle Model <u>SUBURBAN</u></p> <p>Vehicle Year <u>1996</u></p> <p>Current Odometer Reading <u>35,263</u></p>                                                                                                                                                                         |  |
| <p>Dealer's Name <u>DYAS CHEVAPARTS-DODS-CAD-GEAR, INC</u></p> <p>City <u>ANDALAN</u> State <u>AL</u> Zip Code <u>36831-3308</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <p>Engine Size (CID/COIL) <u>5700CC</u></p> <p>No Cylinders <u>8</u></p> <p><input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>                                                                                      |  |
| <p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                          |  |
| <p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt</p> <p><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt</p> <p><input type="checkbox"/> Passengerside Airbag</p>                                                                                                                                                                                                                                                                                                                 |  | <p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                                                                                           |  |
| <p>Drive Train</p> <p><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear</p> <p><input type="checkbox"/> 4-Wheel</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <p>Vehicle Type</p> <p><input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Ult</p> <p><input type="checkbox"/> Van <input type="checkbox"/> Truck</p> <p><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle</p> <p><input type="checkbox"/> Other</p> |  |
| <p>Body Style</p> <p><input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door</p> <p><input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck</p> <p><input type="checkbox"/> Other</p>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                            |  |
| <p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                            |  |
| <p>Component <u>08120000</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <p>Part Name(s) <u>ELECTRICAL SYSTEM:BATTERY:CABLE</u></p>                                                                                                                                                                                                                                 |  |
| <p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>                                                                                                                                                                             |  |
| <p>No of Failures <u>ONE</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <p>Date(s) of Failure(s) <u>DEC 14, 2000</u></p> <p>Mileage at Failure(s) <u>32518</u></p> <p>Vehicle Speed at Failure(s) <u>ZERO - ENG. NOT RUNNING</u></p>                                                                                                                               |  |
| <p>Failed Part(s) Available?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <p>NHTSA Previously Contacted?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                              |  |
| <p>APPLICATION INCIDENT INFORMATION</p> <p>(Please describe in detail the incident(s) Failure(s), Crash(es), and injury(ies) on the back of this form)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                            |  |
| <p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                     |  |
| <p>Number of Persons Injured <u>NONE</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <p>Number of Fatalities <u>NONE</u></p>                                                                                                                                                                                                                                                    |  |
| <p>Estimated Property Damage <u>---</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                       |  |
| <p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                            |  |
| <p>EA00013. BATTERY LEAKED ACID AND CORRODED MAIN BATTERY CABLE. PLEASE GIVE ANY FURTHER DETAILS. *AK</p> <p><i>BATTERY ACID CAUSED CORROSION TO CABLE, BATTERY BOLT, SPACER; 1342, 42 FOR DEALER TO REPAIR BATTERY AND DAMAGED PARTS, CLEAN CORROSION AND NEUTRALIZE ALL ACID.</i></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> |  |                                                                                                                                                                                                                                                                                            |  |

G164982

411260



\*INVOICE\*

2175 Mansell Road, Alpharetta, GA 30022

(678) 461-7625

www.northpointchevy.com

SERVICE DIRECT

(678) 461-7630

PAGE 1

SERVICE ADVISOR: 1734 TIM PHILLIPS

| COLOR       | YEAR      | MAKE/MODEL         | VIN                | LICENSE | MILEAGE IN  | TAC     |           |
|-------------|-----------|--------------------|--------------------|---------|-------------|---------|-----------|
| BLACK       | 1996      | CHEVROLET SUBURBAN | 3GNFK16R5TG164982  |         | 32518/32518 | T4647   |           |
| DEL DATE    | PROD DATE | WARR EXP           | PROMISED           | PO NO   | RATE        | PAYMENT | INV DATE  |
| 15DEC1996   |           |                    | 10:12 30NOV00      |         |             | CASH    | 30NOV2000 |
| R.O. OPENED |           | READY              | OPTIONS: DLR:08460 |         |             |         |           |

07:12 30NOV00 16:02 30NOV00

LINE OPCODE TECH TYPE HOURS

A CUSTOMER STATES ENGINE HAS TO B3E JUMP STARTED.

300 \*\*\*\*\* ELECTRICAL SYSTEM REPAIR \*\*\*\*\*

839 CPT

1 78-6YR 19001632

1 12157093 CABLE

1 12354950 BOLT,BATT

1 12354951 SPACER -

1 80369 BATTERY CLEANER

32518 BATTERY LEAKING ACID 2.0 FOUND BATTERY LEAKING ACID. REPLACED THE BATTERY, LONG BOLT, AND CROSS-CAR CABLE. CLEAN ALL COROSION AND NEUTRALIZE ALL ACID. PERFORM CHARGING SYSTEM TEST-FOUND ALTERNATOR OUTPUT 14.4V AT 92A-DIODE GOOD.

\*\*\*\*\*

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER

11.92

\*\*\*\*\*

\* EFFECTIVE OCT 1st OUR NEW SERVICE HOURS \*

\* WILL BE 7-7 M-F AND 8-3 SAT \*

\* AFTER HOURS DROP AVAILABLE FOR YOUR \*

\* CONVENIENCE NEXT TO SERVICE ENTRANCE. \*

\* WE APPRECIATE YOUR BUSINESS. THANK YOU. \*

\*\*\*\*\*

PAID  
NOV 30 2000  
BY MC

MISCELLANEOUS - HAZARDOUS WASTE DISPOSAL CHARGES INCLUDE THE COST OF REMOVING AND DISPOSING OF HAZARDOUS WASTE IN COMPLIANCE WITH EPA REGULATION

## STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item. 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.

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           | 158.88 |
| PARTS AMOUNT           | 159.62 |
| GAS, OIL, LUBE         | 0.00   |
| SUBLET AMOUNT          | 0.00   |
| MISC./HAZ. MAT. DISP.  | 11.92  |
| TOTAL CHARGES          | 330.42 |
| LESS INSURANCE         | 0.00   |
| SALES TAX              | 12.00  |
| PLEASE PAY THIS AMOUNT | 342.42 |

CUSTOMER SIGNATURE

CUSTOMER1 COPY