



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 231

Date Received

29-JAN-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

879226

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 dashboard on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	OLDSMOBILE	INTRIGUE	1998	

Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input 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 _____ <input type="checkbox"/> Sport Util 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 Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	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) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING ABS INDICATOR LIGHT STAYED ON THROUGH TRAVEL. TECHNICIAN STATED ABS NEEDED TO BE REPLACED. 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 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.



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 231	
Date Received	29-JAN-2001
Ref. No.	879226

OWNER INFORMATION (Type or Print)

Vehicle Identification Number: **1G3WS52K2WF336321**
 VIN: **670355**

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: **2/15/01**

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3WS52K2WF336321	OLDSMOBILE	INTRIGUE	1998	64,300
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
Nov. 1997	REICHERT	3.8		
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	City WOODSTOCK State IL Zip Code 60098	No Cylinders 6		

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" 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	Part Name(s)	Location	Failed Part(s)
03250000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
1	12/15/00 65,650 20-30 MPH	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NONE	NONE	NONE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE TRAVELING ABS INDICATOR LIGHT STAYED ON THROUGH TRAVEL. TECHNICIAN STATED ABS NEEDED TO BE REPLACED. PROVIDE FURTHER INFORMATION.*AK

I noticed that while trying to stop on slick surfaces the anti skid brakes were not working.

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.

MITCHELL BUICK OLDSMOBILE GMC, Inc. • 903 N. FRONT ST. P.O. BOX 337 • MCHENRY, IL 60050 PHONE 815-385-7200



MITCHELL BUICK OLDSMOBILE GMC, Inc.

903 N. FRONT ST. P.O. BOX 337
 MCHENRY, ILLINOIS 60050
 PHONE (815) 385-7200 FAX (815) 385-2026
 WWW.MITCHELLAUTOMALL.COM



CUSTOMER NO 2937	ADVISOR	CARD NO.	INVOICE DATE 01/03/01	INVOICE NO. UCS2592
VEHICLE MAKE BUICK		VEHICLE NO.	VEHICLE IN	COLOR BLACK
YEAR / MAKE / MODEL 98 MONTANA		VIN 5G5607		IN SERVICE BATTERY
VEHICLE NO. 57011		VEHICLE TYPE / CAT. ST. UNIT INTERIOR		SELLING DEALER NO.
P.T.E. NO. 4 0 5 3 2 1 2 4		P.O. NO. 3 6 3 2 1		R.O. DATE 12/20/00
CUSTOMER SIGNATURE				MILEAGE OUT NO: 83607

LABOR & PARTS	TECH(S)	PRICE																																			
J# 1 51RUZ BODY ELECTRICAL ABS AND TRACTION LIGHT COMES ON PERFORM COMPLETE SYSTEMS DIAGNOSTICS, FOUND A.B.S MODULE AND MOTOR PACK FAULTY REPLACE MODULE AND MOTOR PACK	TECH(S) 175	210.00																																			
<table border="1"> <thead> <tr> <th>PARTS</th> <th>QTY</th> <th>FP NUMBER</th> <th>DESCRIPTION</th> <th>LIST PRICE</th> <th>UNIT PRICE</th> <th>PRICE</th> </tr> </thead> <tbody> <tr> <td>JOB # 1</td> <td>1</td> <td>18023760</td> <td>MODULATOR 4.790</td> <td>462.00</td> <td></td> <td>462.00</td> </tr> <tr> <td>JOB # 1</td> <td>1</td> <td>18024682</td> <td>MOTOR KIT 4.847</td> <td>210.00</td> <td></td> <td>210.00</td> </tr> <tr> <td colspan="6" style="text-align: right;">JOB # 1 TOTAL PARTS</td> <td>672.00</td> </tr> <tr> <td colspan="6" style="text-align: right;">JOB # 1 TOTAL LABOR & PARTS</td> <td>882.00</td> </tr> </tbody> </table>	PARTS	QTY	FP NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	PRICE	JOB # 1	1	18023760	MODULATOR 4.790	462.00		462.00	JOB # 1	1	18024682	MOTOR KIT 4.847	210.00		210.00	JOB # 1 TOTAL PARTS						672.00	JOB # 1 TOTAL LABOR & PARTS						882.00		
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*****				TOTAL TAX.....	46.59																																
*****				TOTAL INVOICE \$	1016.93																																

CUSTOMER SIGNATURE