



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 758

Date Received

27-FEB-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

881568

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
1G6CD53BXN4297681	CADILLAC	SEVILLE	1992	

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
--	--	--	--

Transmission Type <input type="checkbox"/> Manual <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 _____
---	---	---	--	--	--	---

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06436000	Part Name(s) FUEL:FUEL PUMP	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) 07-FEB-2001 Mileage at Failure(s) 46000 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
--	---	---------------------------	----------------------	---------------------------	---


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

WHILE DRIVING VEHICLE SPEED DROPPED TO 5 MPH, CHOKING SOUND. WENT TO DEALER WHO FOUND PLASTIC BUFFER IN FUEL PUMP WAS FALLING APART AND CLOGGING FUEL PUMP. *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</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DDT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 758</p> <p>Date Received: 27-FEB-2001 OFFICE: EFFECTS INVESTIGATION</p>		<p>Od. or rt. dt. up_ltr</p> <p>Reference No. 881568</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>676979</p>				<p>Work Number</p> <p>Home Nu</p>			
<p>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.</p> <p>Signature of Owner _____ Date: / /</p>							
<p>VEHICLE INFORMATION</p>							
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p>1G6CD53BXN4297681</p>		<p>Vehicle Make</p> <p>CADILLAC</p>	<p>Vehicle Model</p> <p>SEVILLE</p>	<p>Vehicle Year</p> <p>1992</p>	<p>Current Odometer Reading</p> <p>48031</p>		
<p>Purchase Date</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Dealer's Name MALBURN LEADS</p> <p>City MALBURN State FL Zip Code</p>		<p>Engine Size (CID/CC/L) 4.5</p> <p>No. Cylinders 8</p>		<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><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</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 type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other</p>	<p>Body Style</p> <p><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</p>
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>							
<p>Component</p> <p>08136000</p>	<p>Part Name(s)</p> <p>FUEL:FUEL PUMP + GAS TANK</p>			<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	
<p>No. of Failures</p>	<p>Date(s) of Failure(s) 01-FEB-2001</p> <p>Mileage at Failure(s) 45000</p> <p>Vehicle Speed at Failure(s)</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</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</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>WHILE DRIVING VEHICLE SPEED DROPPED TO 5 MPH, CHOKING SOUND. WENT TO DEALER WHO FOUND PLASTIC BUFFER IN FUEL PUMP WAS FALLING APART AND CLOGGING FUEL PUMP. *AK</p> <p><i>Wp3/05.1</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>							



March 13, 2001

US Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7 Street, SW
Washington, DC 20590

Attention: Information Management Branch
Auto Safety Hotline

Gentlemen:

After a lengthy conversation with General Motors, I have no other alternative but to contact you regarding a serious failure in my 1992 Cadillac Deville.

The baffles inside the gas tank have disintegrated and broken thus causing the vehicle to stall on numerous occasions. My mechanic advises me that there are several pieces of broken baffles in the tank. These pieces lodge in the entrance to the fuel pump therefore causing the engine to stall and have damaged the fuel pump.

My mechanic extracted a few large pieces and I have them in my possession.

If you require any further information or wish to see any evidence of the above, please contact me at the above address, or phone and e-mail address above.

I have requested GM to replace the gas tank but they have refused to do so.

Enclosed with this letter are four pages with the same problems of other Cadillac owners which I have got off the internet.

Thank you for your cooperation and look forward to hearing from you soon.

Yours truly,





Office of Defects Investigation Complaints Database

Call the **Auto Safety Hotline** toll free at (888) 327-4236 to report safety defects or to obtain information on cars, trucks, child seats, highway or traffic safety.

Report Date: February 27, 2001 11:22:53 AM

ODI ID: 861481

Make: CADILLAC

Model: DEVILLE

Year: 1992

Date of Failure: Saturday, January 01, 2000

Incident: No

Fire: No

Number of Injuries:

Component: FUEL:FUEL TANK ASSEMBLY:TANK

Summary: PLASTIC BAFFLE WITHIN GAS TANK BROKE AWAY FROM TANK CAUSING PLASTIC PIECE TO FLOAT WITHIN THE TANK. IN TURNS OR STOPS PLASTIC BAFFLE WOULD OVER SUCTION PIC

ODI ID: 539606

Make: CADILLAC

Model: DEVILLE

Year: 1992

Date of Failure: Thursday, July 16, 1998

Incident: No

Fire: No

Number of Injuries:

Component: FUEL:FUEL TANK ASSEMBLY:TANK

Summary: FUEL PUMP/FUEL FILTER/FUEL STRAINER,AND THE FUEL TANK FAILED DUE TO PLASTIC LINING INSIDE GAS TANK FRIORATING/CRACKING CAUSING PICES OF LINING TO BLOC FUEL.

ODI ID: 516936

Make: CADILLAC

Model: DEVILLE

Year: 1992

Date of Failure: Wednesday, January 29, 1997

Incident: No

Fire: No

Number of Injuries:

Component: FUEL:FUEL TANK ASSEMBLY:TANK

Summary: BAFFLE INSIDE TANK DISINTEGRATED, CAUSING VEHICLE TO STALL 5 TIMES.

ODI ID: 832832

Make: CADILLAC

Model: DEVILLE

Year: 1992

Date of Failure: Sunday, January 12, 1997

Incident: No

Fire: No

Number of Injuries:

Component: FUEL:FUEL TANK ASSEMBLY:TANK

Summary: WHILE DRIVING AT ANY SPEED WITHOUT ANY PRIOR WARNING THE VEHICLE LOST POWER AND THERE WAS A LEAKAGE COMING FROM THE GAS TANK CONSUMER HAD THE GAS TANK REPLACE

ODI ID: 516040

Make: CADILLAC

Model: DEVILLE

Year: 1992

Date of Failure: Wednesday, January 01, 1997

Incident: No

Fire: No

Number of Injuries:

Component: FUEL:FUEL TANK ASSEMBLY:TANK

Summary: FUEL TANK Baffles BROKE.

ODI ID: 507219

Make: CADILLAC

Model: DEVILLE

Year: 1992

Date of Failure: Tuesday, July 02, 1996

Incident: No

Fire: No

Number of Injuries: 0

Component: FUEL:FUEL TANK ASSEMBLY:TANK

Summary: VEHICLE STALLED GOING AROUND CORNER DUE TO FAILED FUEL PUMP AND BROKEN Baffle IN THE FUEL TANK.

ODI ID: 505039

Make: CADILLAC

Model: DEVILLE

Year: 1992

Date of Failure: Wednesday, May 01, 1996

Incident: No

Fire: No

Number of Injuries: 0

Component: FUEL:FUEL TANK ASSEMBLY:TANK

Summary: FUEL TANK BAFFLE CRACKED. *SD

ODI ID: 831594

Make: CADILLAC

Model: DEVILLE

Year: 1992

Date of Failure: Saturday, December 02, 1995

Incident: No

Fire: No

Number of Injuries:

Component: FUEL:FUEL TANK ASSEMBLY:TANK

Summary: THE CONSUMER HAS BEEN EXPERIENCING PROBLEMS WITH FUEL TANK ASSEMBLY. THE BAFFLE IN FUEL TANK IS BROKE. CAUSING THE GASOLINE TO SWISH AROUND IN THE TANK. RESU

ODI ID: 504018

Make: CADILLAC

Model: DEVILLE

Year: 1992

Date of Failure: Thursday, June 01, 1995

Incident: No

Fire: No

Number of Injuries: 0

Component: FUEL:FUEL TANK ASSEMBLY:TANK

Summary: BAFFLES INSIDE GAS TANK BROKE, CAUSING VEHICLE TO STALL. *SD

ODI ID: 800855

Make: CADILLAC

Model: DEVILLE

Year: 1992

Date of Failure: Thursday, December 01, 1994

Incident: No

Fire: No

Number of Injuries:

Component: FUEL:FUEL TANK ASSEMBLY:TANK

Summary: FUEL TANK FAILURE, WHEN DRIVING VEHICLE AND TURNING A CORNER, FUEL GOES TO ONE SIDE OF TANK AND CAUSES THE VEHICLE TO STALL.

ODI ID: 969324

Make: CADILLAC

Model: DEVILLE

Year: 1992

Date of Failure: Wednesday, August 03, 1994

Incident: No

Fire: No

Number of Injuries: 0

Component: FUEL:FUEL TANK ASSEMBLY:TANK

Summary: VEHICLE STALLS AT ANY SPEED, BAFFLE IN THE TANK FAILED SO DEALER SAID. TT

ODI ID: 443427

Make: CADILLAC

Model: DEVILLE

Year: 1992

Date of Failure: Thursday, October 01, 1992

Incident: No

Fire: No

Number of Injuries: 0

Component: FUEL:FUEL TANK ASSEMBLY:TANK

Summary: GAS TANK FAILURE. DG

Full search results are available at:

[New Search](#)
[Return to Safety Problems and Issues](#)



[Send mail to the Web Master](#)

UNIVERSITY CADILLAC COMPLETE LUBE, OIL & FILTER \$24.95
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 (954) 436-3036 • (800) 773-9740

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Goodwrench Service Plus
 • Complete Lab-Port Frt. Eng.
 • Lifetime Grease-On Parts & Labor
 • Computerized Temperature
 • See us in detail

Robert Petrocelli
 Service Director

Thank you for bringing your car to University Cadillac, where your complete satisfaction is our highest priority.
 We ask you to be kind enough to answer a few short questions on the attached postage paid card.
 Your comments will be greatly appreciated. Thanks again for letting us serve you.
 Thanks for coming in.

HELP US SATISFY YOU!

Name _____ Date _____
 Phone _____
 58110333
 Press 10010
 Comments _____

Would You Recommend Our Service To A Friend?

Definitely Probably Might or Might Not Probably Not Definitely Not

During your visit here, how would you rate your experience?

1. When arriving for service, were you greeted promptly? Excellent Very Good Good Fair Poor Not At All Satisfied

2. When you discussed your service needs, how satisfied were you with your Service Consultant? Excellent Very Good Good Fair Poor Not At All Satisfied

3. Was your vehicle ready when originally promised? Excellent Very Good Good Fair Poor Not At All Satisfied

4. How satisfied were you with the explanation you were given of all services performed? Excellent Very Good Good Fair Poor Not At All Satisfied

5. How satisfied were you that your vehicle was fixed right on this service visit? Excellent Very Good Good Fair Poor Not At All Satisfied

6. Overall, how satisfied were you with your Service Consultant? Excellent Very Good Good Fair Poor Not At All Satisfied

UNITED STATES
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM
TO :

DATE:

BY :

RE :

1. [Illegible text]

2. [Illegible text]

[Redacted area]

3. [Illegible text]



ED MORSE UNIVERSITY Cadillac



300 SOUTH UNIVERSITY DRIVE • PEMBROKE PINES, FLORIDA 33025

www.universitycadillac.com

(954) 436-3036

MV-00163

PARTS SUB TOTAL		PARTS ALLOWANCE		DEDUCTIBLE
REPAIR NO.	CUSTOMER PARTICIPATION	DEALER PARTICIPATION	REPAIR TOTAL	

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED BELOW:

X _____ *[Signature]*

(SIGNED) _____ DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE) _____

FOR OFFICE USE CB4773
 VEHICLE INFORMATION
 TAG: _____ INVOICE: PRELIM CUS C JA
 TAX RULES: 1100Y INVOICED: 02/16/2001 15:44:33 92 CADILLAC DEVILLE 400 60N
 ODOMETER IN: 45672 OUT: 45672 DIST: 106
 DATES BEGIN: 02/16/01 DONE: 02/16/01

CONCERN	51	CUST STATES WHEN HOT VEHICLE IS LOSING POWER AND HESITATES ADVISE	OPERATION	TECH	AMOUNT
CORRECTION	51	CHECK OUT TIME CUST REFUSED WORK	51	377	79.00
FACTOR:		TECH: 377 - COMPOS. PAIBEL			
SUBTOTAL					
LAB-MECHANICAL					79.00
TOTAL CHARGE FOR CONCERN					79.00

SUMMARY OF CHARGES FOR INVOICE 004773		PAYMENT DISTRIBUTION FOR INVOICE 004773	
LAB-MECHANICAL	79.00	TOTAL CHARGE	79.00
TOTAL CHARGE	79.00	CASH USE	79.00

*** CUSTOMER WRITING ***

IF YOU HAVE ANY QUESTIONS - PLEASE SEE GREG DANFEL
 ** BEFORE A PART ONLY, STATES IT'S COVERED BY OUR LIFETIME.
 INSURANCE CLAIMS INCLUDED.

2/16/01
[Signature]

PAGE 2
LAST PAGE

ON LINE SERVICE INVOICING BY UCS

TO ORDER A FORM OR SUPPLIES CALL 1-800-999-8888 EXT 1000

CUSTOMER PAY WARRANTY INTERNAL



403230105 ED MORSE
UNIVERSITY
Cadillac



300 SOUTH UNIVERSITY DRIVE • PEMBROKE PINES, FLORIDA 33025

MTV-00163

(954) 436-3036

www.universitycadillac.com

ORIGINAL ESTIMATE \$	DATE	TIME
ADDITIONAL AUTHORIZED AMOUNT \$	ADD'L REPAIRS AUTHORIZED BY	
REVISED AUTHORIZED ESTIMATE \$	AUTHORIZATION RECEIVED BY	
NAME AND PHONE NUMBER OF OTHER PERSON WHO MAY AUTHORIZE ADD'L REPAIRS		

METHOD OF PAYMENT

CASH
 CHECK
 VISA
 MAB. CARD
 AM. EXP.

BASIS FOR CHARGE

FL AT RATE
 HRLY RATE
 BOTH

RETAIN PARTS

YES
 NO

I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on below vehicle to secure the amount of repairs thereto, and any reasonable attorney's fees.

CUSTOMER'S SIGNATURE **X**

CHARGE FOR ESTIMATE \$	DESCRIPTION OF ADD'L WORK AUTHORIZED
------------------------	--------------------------------------

THIS CHARGE REPRESENTS COSTS AND PROFITS TO THE MOTOR VEHICLE REPAIR FACILITY FOR ITEMS SUCH AS MISCELLANEOUS SHOP SUPPLIES AND/OR WASTE DISPOSAL. 25% OF LABOR NOT TO EXCEED \$8.00.

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN: I UNDERSTAND THAT UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, IF MY FINAL BILL WILL EXCEED \$100.00.

I REQUEST A WRITTEN ESTIMATE

I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$80.00. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

I DO NOT REQUEST A WRITTEN ESTIMATE.

LOF	27 FT INSPECTION	REPL WIPER BLADES	3000 MI SERVICE	15,000 MI SERVICE	35,000 MI SERVICE	80,000 MI SERVICE	ROTATE TIRES	ROTATE & BALANCE	FRONT END ALIGNMENT	4 WHEEL ALIGNMENT	PERIODIC MAINTENANCE	EMISSION SERVICE	MAJOR TUNE-UP	MAJOR TUNE-UP	COOLING SYS FLUSH	CAMP COOLING SYS SVC	SPRINKLE SERVICE	2 WHEEL DISC BRAKES	4 WHEEL BRAKES	DETAIL & VAC	DETAIL & SHAMPOO	
1																						

SIGNED: X

INSTRUCTIONS ON WORK TO BE DONE

ALBERTA

CCO-3530102

LEB 75

TECH	OPERATION	HRS
OLH	FLG	FAILED PART
RC	NET	CND AUTH
TECH	OPERATION	HRS
OLH	FLG	FAILED PART
RC	NET	CND AUTH
TECH	OPERATION	HRS
OLH	FLG	FAILED PART
RC	NET	CND AUTH
TECH	OPERATION	HRS
OLH	FLG	FAILED PART
RC	NET	CND AUTH

REGISTRATION: 1952FI SVC ADD: 258 BRGD DANVER
 72 *RUM: 16607588X N42976817*

CABELLGA OLVTLE

LICENSE: FL 13577E CAR

SVC DEPT: 21035

ODOMETER: CURRENT: 45670

PHONE: (561) 569-5170

PHONE: (561) 595-5170

CUSTOMER WAITING DIST CODE: 106

NOTE: FIRST VISIT

***PROMISED DATE: 02/16/01 TIME: 1500 ***

02/16/01 13125437