



U.S. Department of Transportation  
National Highway Traffic Safety Administration

Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800 424 8395  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.  
CORRECT MARK: ●

### FOR AGENCY USE ONLY

Date Received <b>5-17-00</b>	cc-ur _____
Reference No.	rd dt _____
	od rt _____
	up tr _____

### OWNER INFORMATION (Type or Print)

### DAYTIME TELEPHONE NUMBER

SIGNATURE OF OWNER

DATE

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side) <b>3B3E5H7C85T332441</b>	VEHICLE MAKE <b>NISSAN</b>	VEHICLE MODEL <b>SEDAN</b>	MANUFACTURE DATE <b>1994</b>	MODEL YEAR <b>1995</b>		
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other <input checked="" type="checkbox"/> Daimler/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW						
PURCHASE DATE <b>7/29/94</b>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	DEALER'S NAME <b>GLAVIE</b>	CITY <b>WICKLIFFE</b>	STATE <b>OH</b>	ZIP CODE <b>44092</b>	
ENGINE SIZE cc/d/cyl <b>2.2</b>	FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DRIVETRAIN <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	VEHICLE TYPE <input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle		DOORS <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hatchback <input checked="" type="checkbox"/> Sedan <input type="checkbox"/> Pick-Up Truck <input type="checkbox"/> Stationwagon		

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

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other	NO. OF FAILURES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (Include all number and letters).	
	INCIDENT DATE <b>11/5/99</b> <b>3/7/00</b>	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT <b>70,000</b> <b>70,700</b>	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other	
	VEHICLE SPEED AT INCIDENT <b>1410 kph</b>	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

### APPLICABLE 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	NUMBER OF PERSONS INJURED <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Noisy <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Leaks <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Short <input type="checkbox"/> Disconnect/Fell Off <input type="checkbox"/> Loose/Straps/Grabs <input checked="" type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input checked="" type="checkbox"/> Sudden Acceleration <b>Other</b>
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

PLEASE DO NOT WRITE IN THIS AREA



00835

Narrative description of incident(s), failure(s), rash(es), location(s), and injury(ies). Include additional accidents if applicable.

11/8/99 Left car with (same) Auto's Problem. Car not repaired into

At gear's poor acceleration. Result car is used. Shop report

Vehicle returned back to Canada. Problem: car still not

starting properly. Result: advised not to

drive vehicle. Repair would cost 500. Repair part

was in back over 1 1/2 time

2 wks. 3/22 Followed up - information

3/27 " " " " " " Parts Dept. said there were

a great 500 CAD "undrivable" at dealers facilities. Without assistance must be

thousands with lines' problems. 3/30 Called Chrysler. He is Detroit

Rep. Dept. 3/31 Dealer called for info. "Car is ready" 3/31

Copies of invoice etc. enclosed.

Continue on additional page if necessary.

Describe any additional incidents. (include date and mileage) Public Law 99-578 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 responses may be used to assist the NHTSA in determining whether a manufacturer could take appropriate action to correct a safety defect. If the NHTSA proceeds with an 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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# VEHICLE OWNER'S QUESTIONNAIRE

## (V00Q)

### DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

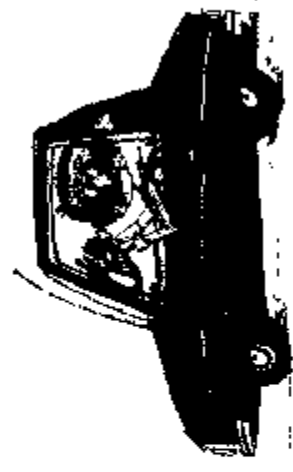
## DASH 2 DOT

and dial toll free at

# 1-888-DASH-2-DOT

## 1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation  
National Highway Traffic Safety Administration

[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

Complete and return or place in your car manual for future use

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 79179 WASHINGTON, D.C.  
POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
400 Seventh St., S.W.  
Washington, D.C. 20590  
Official Business  
Penalty for Private Use \$300



CUSTOMER NO 30944	ADVISOR LOUIS J CIRINO	TAG NO. 226	INVOICE DATE 03/31/00	INVOICE NO DCCS9
	LABOR RATE RWE189	709900	CRIS/	STOCK NO.
	93/DODGE/NEON/		DELIVERY DATE 07/23/94	DELIVERY MILES
	VEHICLE ID NO S1E S1A 71C 81S T13 319 914 1		SELLING DEALER NO.	PRODUCTION DAT
	R.T.E. NO.	P.O. NO.	R.O. 05/07/00	
COMMENTS				MLEA P/DY 7

LABOR & PARTS-----  
 J# 1 2100Z MISC. AUTO TRANS. UNITS: 3.50 TECH(S):203 230  
 CHECK TRANSAXLE WILL NOT UP SHIFT OUT OF FIRST GEAR.  
 ///  
 KICK DOWN LINKAGE IN VALVE BODY SEIZED  
 ///  
 INSTALLED NEW TRANSAXLE VALVE BODY ASSEMBLY

PARTS	QTY	FP-NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	
JOB # 1	1	4567993-AC	BODY NONE 21139004	230.09	230.09	230
JOB # 1	1	4659331-AB	SPRING KI 21137022	8.75	8.75	8
JOB # 1	1	4659332-AB	SPRING AC 21137022	6.10	6.10	6
JOB # 1	7	5010124-AA	FLUID AFT 1081018	3.10	3.10	21
				JOB # 1 TOTAL PARTS		264
				JOB # 1 TOTAL LABOR & PARTS		504

MISC	CODE	DESCRIPTION	CONTROL NO	
JOB # A	SUPPLIES	SHOP SUPPLIES		15
JOB # A	HAZARD	HAZARDOUS WASTE DISPOSAL		0
JOB # 1	PSCIT	PRTS SR CITIZEN DISCT		-11
JOB # 1	SRCIT	SVC SR CITIZEN DISCT		-11
TOTAL - MISC				-0

ESTIMATE-----  
 CUSTOMER HEREBY ACKNOWLEDGES RECEIVING  
 ORIGINAL ESTIMATE OF \$523.00 (+TAX)  
 TOTALS-----

***** FOR YOUR CONVENIENCE, WE HAVE SATURDAY SERVICE HOURS FROM 7:30 AM TO 12:30 PM. PLEASE CALL FOR AN APPOINTMENT SHOULD YOU WISH TO HAVE YOUR MAINTENANCE DONE ON THE WEEKEND. KEEP THE SLUDGE FROM CAUSING PREMATURE ENGINE FAILURE. HAVE YOUR OILING SYSTEM FLUSHED TODAY. *****	TOTAL LABOR....	230
	TOTAL PARTS....	264
	TOTAL SUBLET....	0
	TOTAL G.O.G....	0
	TOTAL MISC CHG.	15
	TOTAL MISC DISC	-25
	TOTAL TAX.....	20
	TOTAL INVOICE \$	523

\*\*\*\*\* PAYMENT METHOD \*\*\*\*\*  
 \*\*\*\*\*  
 \*\*\*\*\* CHARGE CR CARD CHECK CASH \*\*\*\*\*  
 \*\*\*\*\* CHECK # \*\*\*\*\*  
 \*\*\*\*\*  
 \*\*\*\*\* THANK YOU FOR YOUR BUSINESS \*\*\*\*\*

MAR 31 PAID

*me*



VEHICLE ID NO. 3 2 3 2 8 4 7 0 8 5 T 0 0 8 9 4 1  
 DEPT. WORK MODEL 95/00GIG/4HECH/  
 PRODUCTION DATE 9/28/04  
 LICENSE NO. M12100  
 HLD. NO.

SA  EDIT CARD  ECR  NOT APPROVAL   
 MAIL ORDER  YES  NO

TIME RECEIVED 02-25-04  
 DATE TIME PROMISED 11-05-05  
 LABOR RATE 08-0000  
 PRIORITY

ORIGINAL CUSTOMER ESTIMATE: TOTAL \$5,000

1995-2100Z  
 MISC. AUTO TRANS.  
 OWNER STATES TRANSMISSION WILL NOT SHIFT INTO HIGH GEAR  
 AND POOR ACCELERATION

LABOR INSTRUCTIONS

CUSTOMER NO. 20844	COLOR 1P152	DELIVERY DATE 07/28/04	DELIVERY MILES 170	SELLING DEALER NO.	PLD. DATE 11
SERVICE CONTRACT	CONTRACT NO.	EXPIRATION DATE	EXPIRATION MILES	ADVISOR	CURRENT
<p>ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE</p> <p>ORIGINAL ESTIMATE CUSTOMER ACCEPTANCE</p> <p>DATE TIME</p> <p>VEHICLE</p> <p>NO NOT REQUIRED</p> <p>AVERTISOR</p> <p>NO QUANTITIES OUR SERVICE WORK FOR 12 MONTHS OR 12,000 MILES, whichever comes first. If our repair or replacement fails in normal service within that period, we'll fix it free of charge. Parts and Labor.</p> <p>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 any damage to vehicle or articles left in vehicle in care of our shop. I understand that you are not responsible for any damage to my property or any articles left in vehicle in care of our shop. I understand that you are not responsible for any damage to my property or any articles left in vehicle in care of our shop. I understand that you are not responsible for any damage to my property or any articles left in vehicle in care of our shop.</p>					
<p>EXTRA WORK \$</p> <p>ADDITIONAL \$</p> <p>DATE TIME</p> <p>VEHICLE</p> <p>NO NOT REQUIRED</p> <p>AVERTISOR</p> <p>EXTRA WORK \$</p> <p>ADDITIONAL \$</p> <p>DATE TIME</p> <p>VEHICLE</p> <p>NO NOT REQUIRED</p> <p>AVERTISOR</p>					
<p>EXTRA WORK \$</p> <p>ADDITIONAL \$</p> <p>DATE TIME</p> <p>VEHICLE</p> <p>NO NOT REQUIRED</p> <p>AVERTISOR</p>					

EXTRA WORK \$

ADDITIONAL \$

DATE TIME

VEHICLE

NO NOT REQUIRED

AVERTISOR

EXTRA WORK \$

ADDITIONAL \$

DATE TIME

VEHICLE

NO NOT REQUIRED

AVERTISOR

REPLACED PARTS WILL BE RETURNED UNLESS SPECIFIED OTHERWISE. DISCARD

The other way to buy a car.

CUSTOMER NO. 70944	ADVISOR STEVE MARTIN	TAG NO.	INVOICE DATE 11/05/99	INVOICE NO. 11/05/99
	LABOR RATE	LICENSE NO. K147189	COLOUR 18357	STOCK NO.
		MILEAGE IN 66503	DELIVERY DATE 01/28/99	DELIVERY MILES
	YEAR / MAKE / MODEL 93 / DODGE / RAM		SELLING DEALER NO.	PRODUCTION DATE
	VEHICLE ID. NO. 3A1 81 6 4 700 8 8 1 0 3 0 9 4 1		F.O. DATE 11/05/99	
	F.T.E. NO.	F.O. NO.		MILEAGE OUT MIL: 600
	COMMENTS			

**LABOR & PARTS**  
JOB # 21007

NOISE, AUTO TRANS. THULES TECHNICAL 127  
OWNER STATES TRANSMISSION WILL NOT SHIFT INTO HIGH GEAR  
AND THROTTLE ACCELERATION  
SYSTEM TESTED GENERAL TRANSMISSION OPERATION BY CODES  
IN SYSTEM CHECKED FLUID LEVEL AND KICK DOWN CABLE  
LUBE KICK DOWN CABLE

JOB # 1 TOTAL LABOR & PARTS

MISC. CODE	DESCRIPTION	CONTROL NO.	
JOB # A	SUPPLIES SHOP SUPPLIES		5.4
JOB # A	HAZARD HAZARDOUS WASTE DISPOSAL		0.5
		TOTAL MISC	5.9

SYSTEMS  
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING  
ORIGINAL ESTIMATE OF \$66.95 (+TAX)  
TOTALS

\*\*\*\*\*  
FOR YOUR CONVENIENCE, WE HAVE SATURDAY  
SERVICE HOURS FROM 7:00 AM TO 12:30 PM.  
PLEASE CALL FOR AN APPOINTMENT SHOULD YOU  
WISH TO HAVE YOUR MAINTENANCE DONE ON THE  
WEEKEND.  
KEEP THE SLUDGE FROM CAUSING PREMATURE ENGINE  
WEARAGE. HAVE YOUR OILING SYSTEM FLUSHED TODAY.

TOTAL LABOR	60.0
TOTAL PARTS	0.0
TOTAL MISC	0.0
TOTAL G.P.A.	0.0
TOTAL MISC CHG.	6.0
TOTAL MISC DISC	0.0
TOTAL TAX	3.5
TOTAL INVOICE \$	70.0

\*\*\*\*\* PAYMENT METHOD \*\*\*\*\*  
\*\*\*\*\* CHANGE OR CASH CHECK CASH \*\*\*\*\*  
\*\*\*\*\* CHECK # \*\*\*\*\*  
\*\*\*\*\* THANK YOU FOR YOUR BUSINESS \*\*\*\*\*

**PAID**  
NOV 08 1999

*Dis Dis*

*M*

99-28