



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 365-0123
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	Other
10/23/01	_____
Reference No.	_____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
102NE5534RC819651	PONTIAC	GRAND AM		1994
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 type="checkbox"/> Daimler/Chrysler <input checked="" type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Isuzu <input type="checkbox"/> Toyota <input type="checkbox"/> VW				
PURCHASE DATE	DEALER'S NAME	CITY	STATE	ZIP CODE
8-2-94	DAN WOLF PONTIAC	COUNTRYSIDE	ILL	
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES
NO. CYLINDERS 4	<input type="checkbox"/> Carb. <input type="checkbox"/> Fuel Injection	<input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			RESTRAINT SYSTEM	CRUISE CONTROL
			<input checked="" type="checkbox"/> Driver's Airbag <input type="checkbox"/> 2-Point Seat <input type="checkbox"/> Passenger's Airbag <input type="checkbox"/> Motorized <input type="checkbox"/> 3-Point Seat	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DRIVETRAIN	VEHICLE TYPE	DOORS	BODY STYLE	
<input checked="" type="checkbox"/> Front <input type="checkbox"/> 4 Wheel <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other _____ <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door	<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"/> Brake Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Drivetrain <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 checked="" type="checkbox"/> Other	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT	TIRE BRAND	
	VEHICLE SPEED AT INCIDENT	<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 _____	
HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE?	NHTSA PREVIOUSLY CONTACTED?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fell Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input checked="" type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Sticks/Grabs <input checked="" type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	<input type="checkbox"/> Ejection/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 type="checkbox"/> Sudden Acceleration
	FIRE	NUMBER OF FATALITIES		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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		

PLEASE DO NOT WRITE IN THIS AREA



04764

I PURCHASED A NEW 1994 OLDSMOBILE AERON APPROX. 17,000 MILES A BARRING NOISE OCCURRED WHEN THE CAR WAS PUT INTO GEMR. THE CAR WAS SERVICED AT DAN BOLF POWTIME WHEN I PURCHASED THE CAR. THE PARTS & LABOR WERE COVERED UNDER WARRANTY. THE PROBLEM RE OCCURRED AT APPROX 46,000 MILES IN THE VEHICLE. I CONTACTED POWTIME COST. SEND TO FIND OUT WHY THESE FAIL SO OFTEN. THEY SAID THEY COULD NOT COMMENT AND DIRECTED ME TO TAKE IT BACK TO THE DEALER FOR INSPECTION. AFTER THE INSPECTION THE DEALER WOULD NOT TELL ME WHAT WAS WRONG. POWTIME CALLED BACK AND SAID THE NOISES WERE DRY-ROTTED PER THE DEALER. THEY WOULD NOT DO ANYTHING ABOUT IT.

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

The Privacy Act of 1974—Public Law 93-502: This information is requested pursuant to a report verified by the National Highway Traffic Safety Administration. You do not have to provide this information to the manufacturer. You should file a complaint with the National Highway Traffic Safety Administration if you believe your vehicle is defective. The NHTSA promotes the safety of the public through the use of its authority to regulate the manufacture, distribution, and use of motor vehicles and their components. Your cooperation is requested. If you have any questions, please contact your nearest NHTSA office.

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HS Form 350 (Rev. 8/99)

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 72173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN

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

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

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

**OWNER'S
QUESTIONNAIRE**
(V00)

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

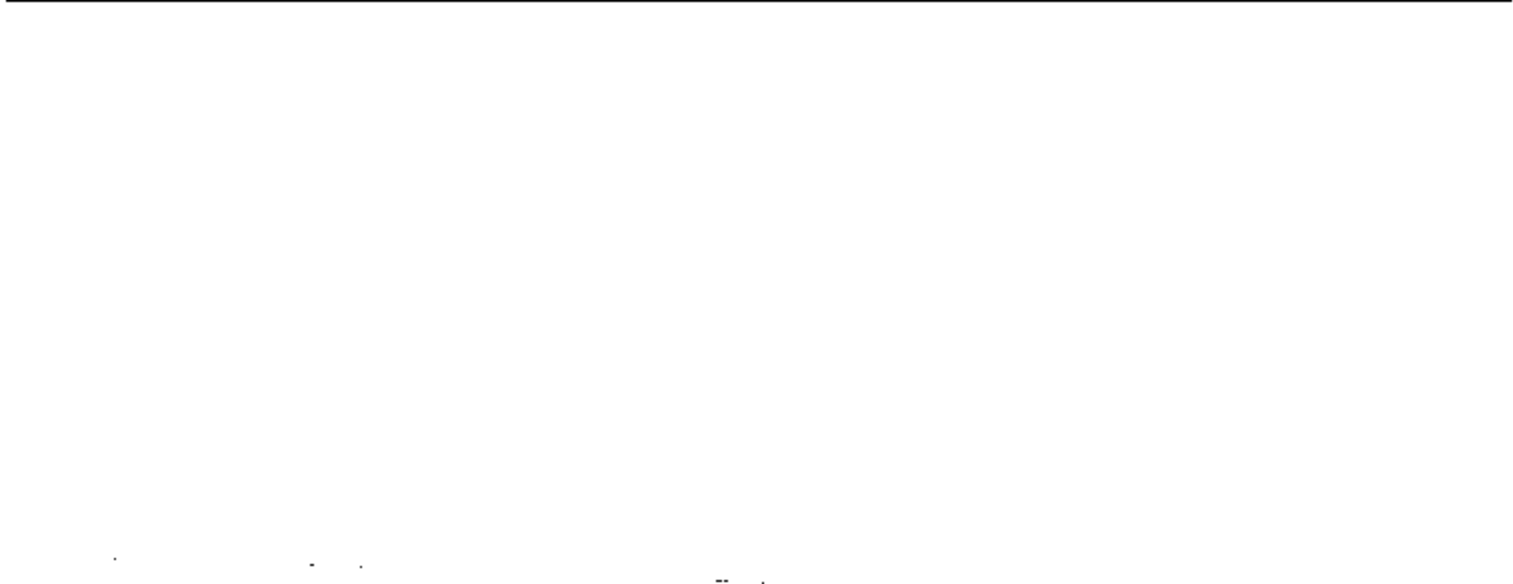
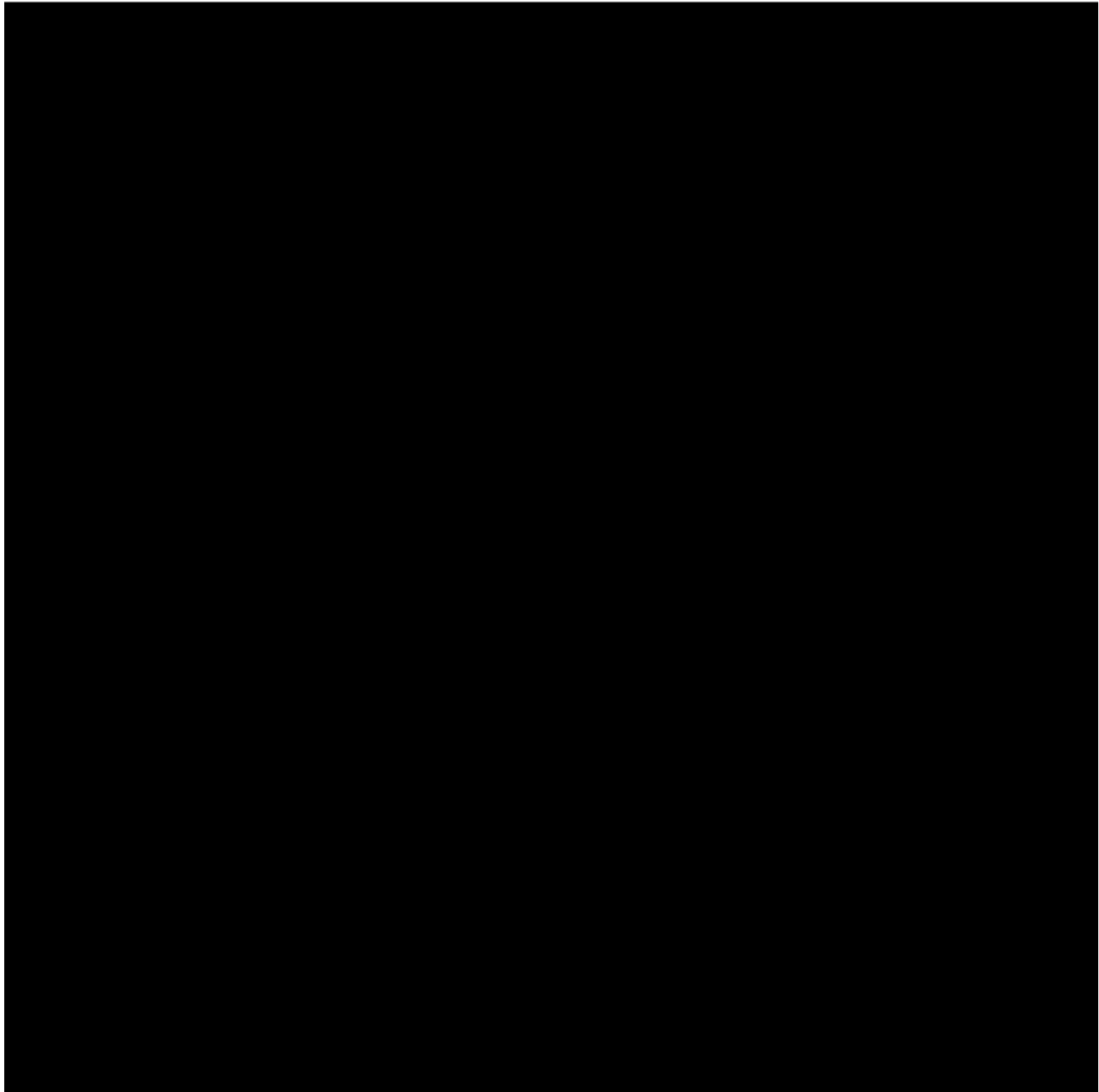


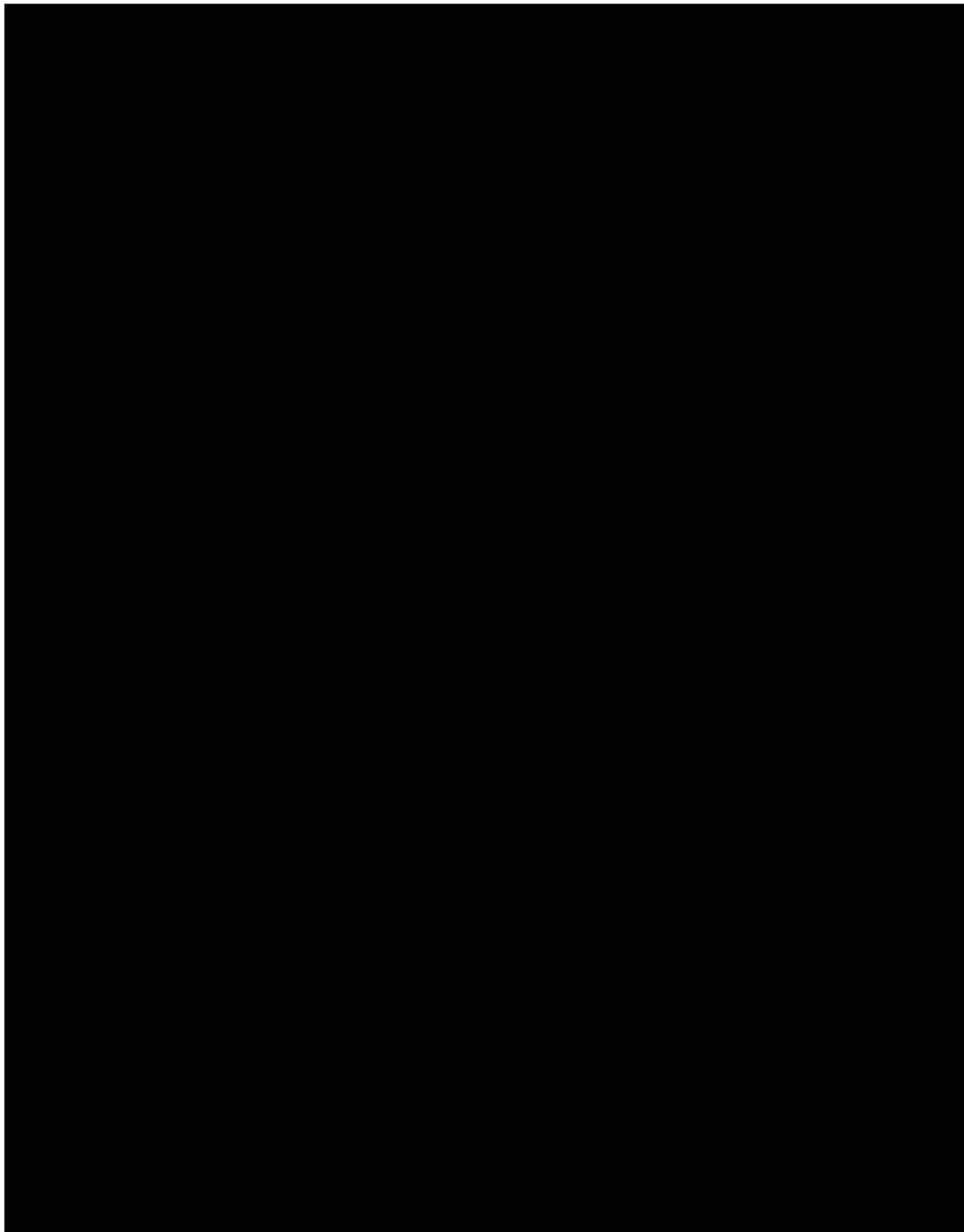
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National Highway Traffic Safety
Administration

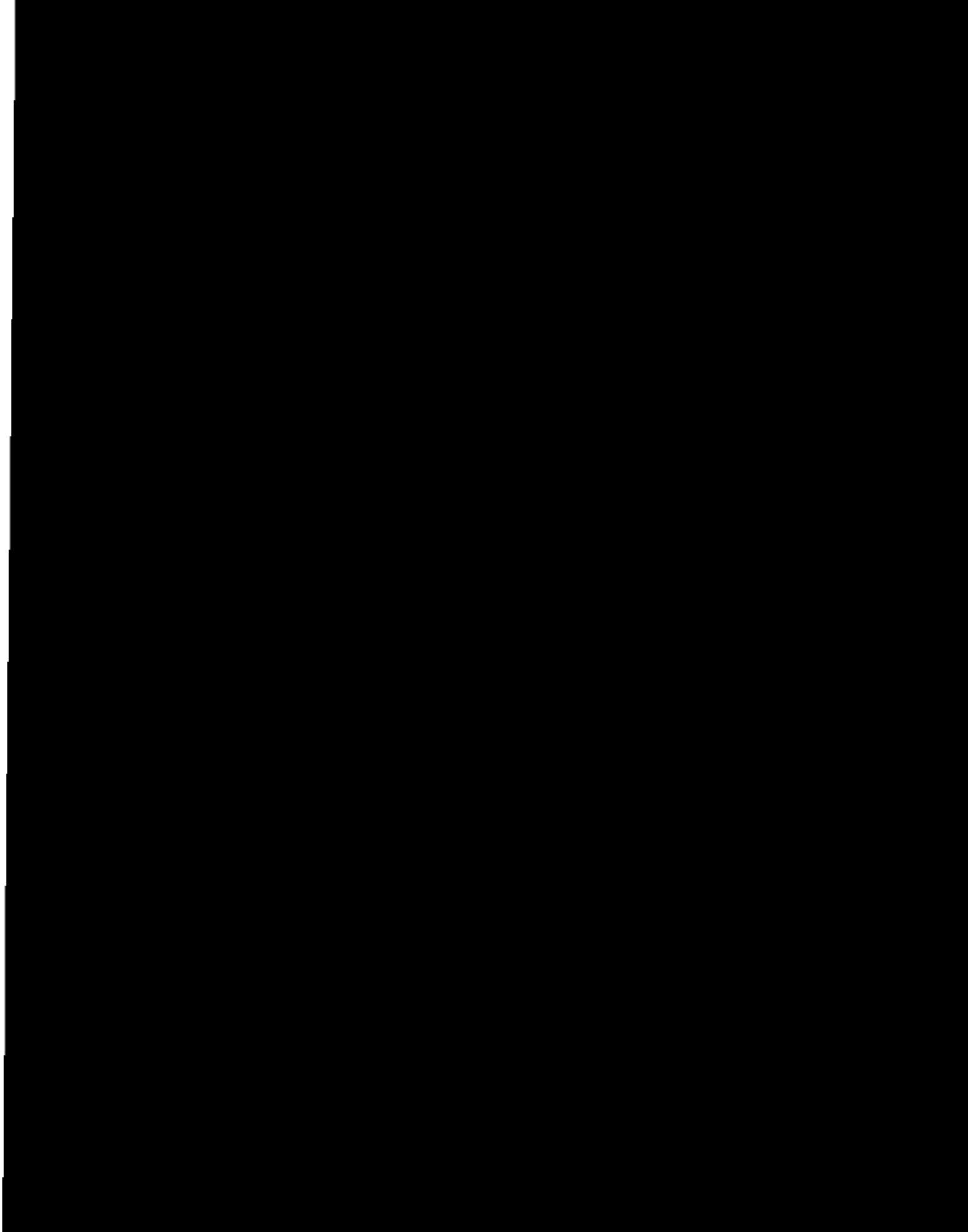
www.nhtsa.dot.gov/hotline

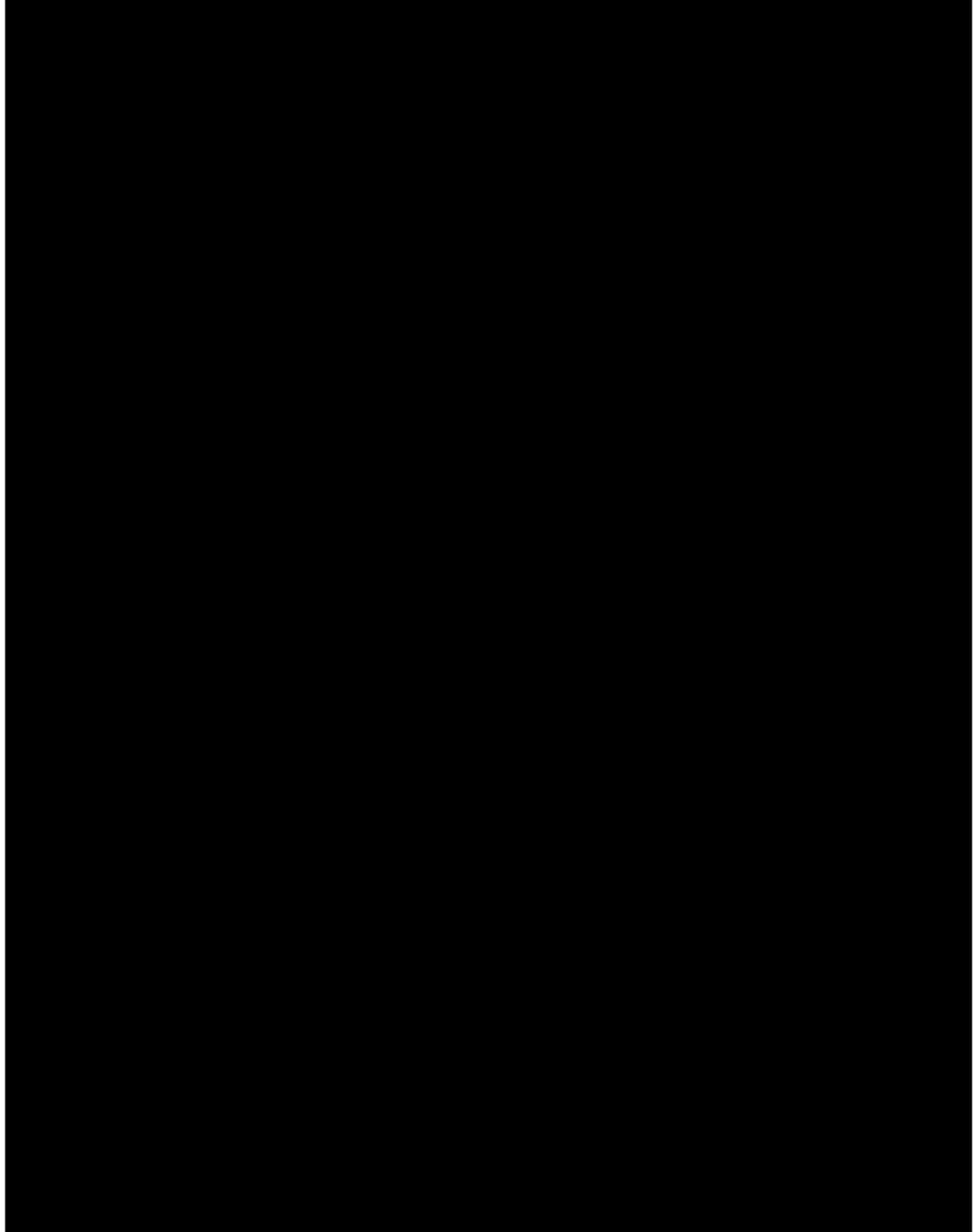
THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(B)(6)

(Page 1 through Page 5)









The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial statements. This includes not only sales and purchases but also expenses, income, and any other financial activity. The document also highlights the need for regular reconciliation of accounts to identify any discrepancies early on.

Next, the document covers the process of classifying transactions into different categories. This involves understanding the nature of each transaction and assigning it to the appropriate account. For example, a purchase of office supplies would be recorded as an expense, while a sale of finished goods would be recorded as revenue. The document provides examples of how to correctly classify various types of transactions.

The third section of the document focuses on the journalizing process. It explains how to create journal entries that accurately reflect the double-entry accounting system. Each entry must include a date, a description of the transaction, and the corresponding debit and credit amounts. The document provides a step-by-step guide to writing journal entries, including how to handle complex transactions involving multiple accounts.

Finally, the document discusses the importance of reviewing and auditing the records. It stresses that regular audits are essential to ensure that all transactions have been properly recorded and classified. The document also provides tips on how to conduct an effective audit, including how to identify common errors and how to correct them. Overall, the document serves as a comprehensive guide to the accounting process, from recording transactions to auditing the records.