



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) 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>1/17/02</b>	Color _____
Reference No.	Model _____
	Year _____
	Make _____
	Model Year _____

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE IDENT. NO. (VIN) Located at bottom of windshield on driver's side <b>2G2FV32G912148773</b>	VEHICLE MAKE <b>Pontiac</b>	VEHICLE MODEL <b>Firebird Trans-Am</b>	MANUFACTURE DATE	MODEL YEAR <b>2001</b>
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VEHICLE MANUFACTURER

BMW     Ford     Honda     Nissan     Subaru     Volvo     Other \_\_\_\_\_

Daewoo/Chrysler     General Motors     Hyundai     Saab     Toyota     VW

PURCHASE DATE <b>around end of June</b>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	DEALER'S NAME <b>Durham Auto Place</b>	CITY <b>Hammond</b>	STATE <b>LA</b>	ZIP CODE <b>70403</b>
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ENGINE SIZE CID/CC/L <b>5.7</b>	FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injector	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbell	CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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DRIVETRAIN <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	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 <input checked="" type="checkbox"/> Other <b>Convertible</b>	DOORS <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4 Door	BODY STYLE <input checked="" type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Station wagon
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### 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 checked="" type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input checked="" type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input checked="" type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input checked="" type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other <b>Light, Front End, The Main Problem was on 10/1/01</b>	NO. OF FAILURES <b>7</b> ① ● ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ <b>6</b> ① ② ③ ④ ⑤ ● ⑦ ⑧ ⑨	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters). <b>2 Front Tires</b>		
	INCIDENT DATE <b>from 8-21-01 to 11-1-01 in + out of the shop 10 times</b>	TIRE NAME <b>Good year Eagle G2</b>	COMPLETE TIRE SIZE <b>P-275-40-2R17</b>	
	MILEAGE AT INCIDENT <b>Time when I brought it always from 1388 to 3551</b>	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input checked="" 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>from 40 mph + 65 mph</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>They change them but I don't know what they did with them</b>	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 type="checkbox"/> No	NUMBER OF PERSONS INJURED ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Loose/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <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 type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF FATALITIES ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨		

PLEASE DO NOT WRITE IN THIS AREA



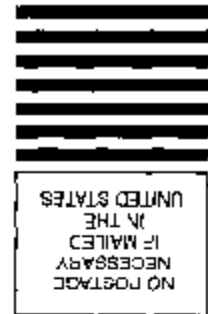
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Crash(es), location(s), and injury(ies). Include additional accidents if applicable.

A + Joseph Cangalosi and my wife Cheri Cangalosi almost got in a two wrecks because of the front-end was pulling - jumping and when you hit the brake the brakes would grab and pull hard to the left to an coming traffic. The car had in the shop about 10 time for the front end and for other things. I can send you a copy (copy) of every thing that was wrong with the car. I got the car out of the shop on the 11-7-01 and the car started pulled to the right to gain. The date mileage is on the work order.



Continue on additional page if necessary.  
Describe any additional incidents. (Include date and mileage)  
Privacy Act of 1974 - Public Law 93-502. 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 could take appropriate action to correct a safety defect. If the NHTSA proceeds with an investigative enforcement action against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.  
Ask Retailer by NCS EW-226238-1554321 NHTSA Form 350 (Rev. 8/99)  
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NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

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

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

# 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



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



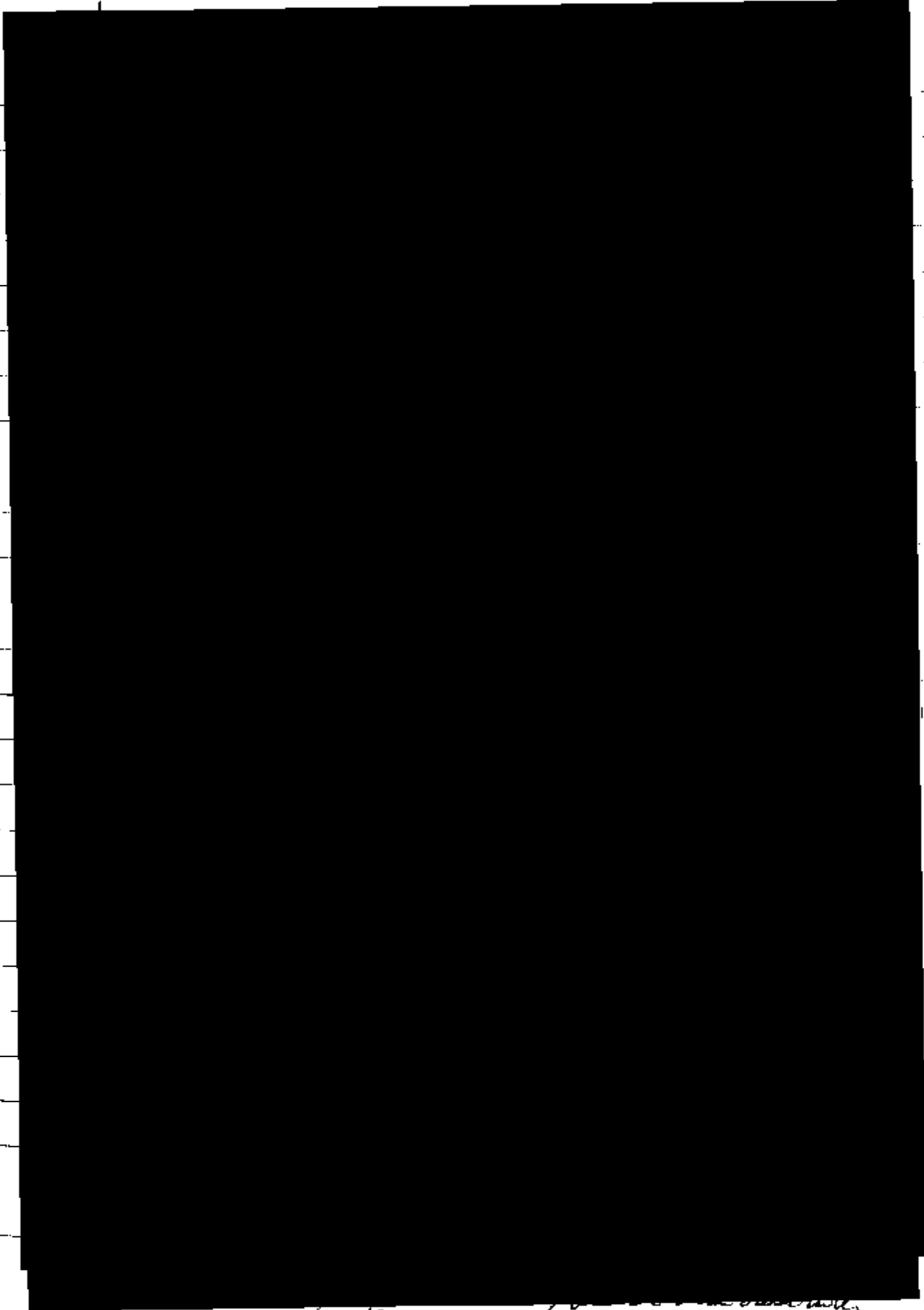
U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

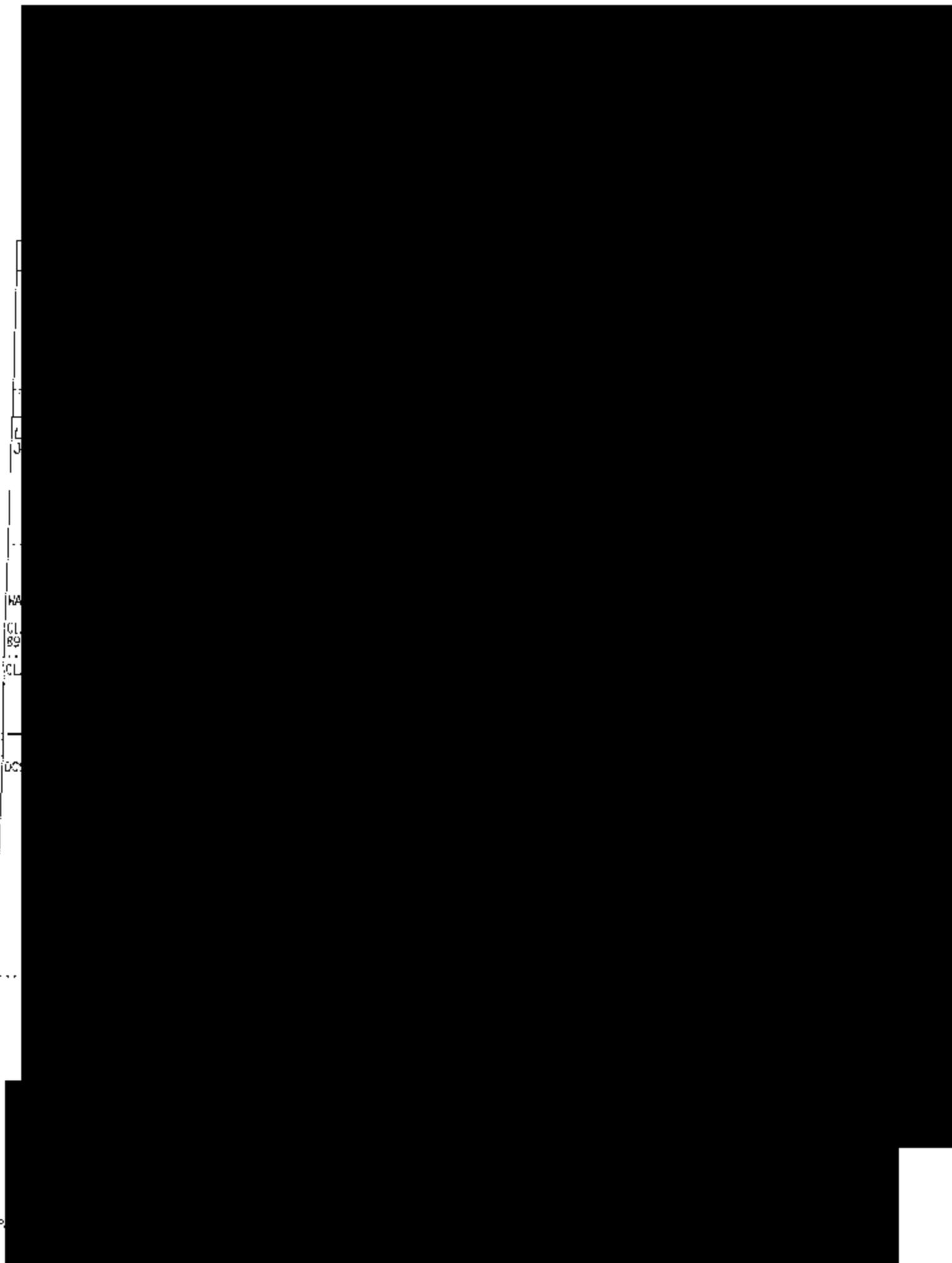
[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

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

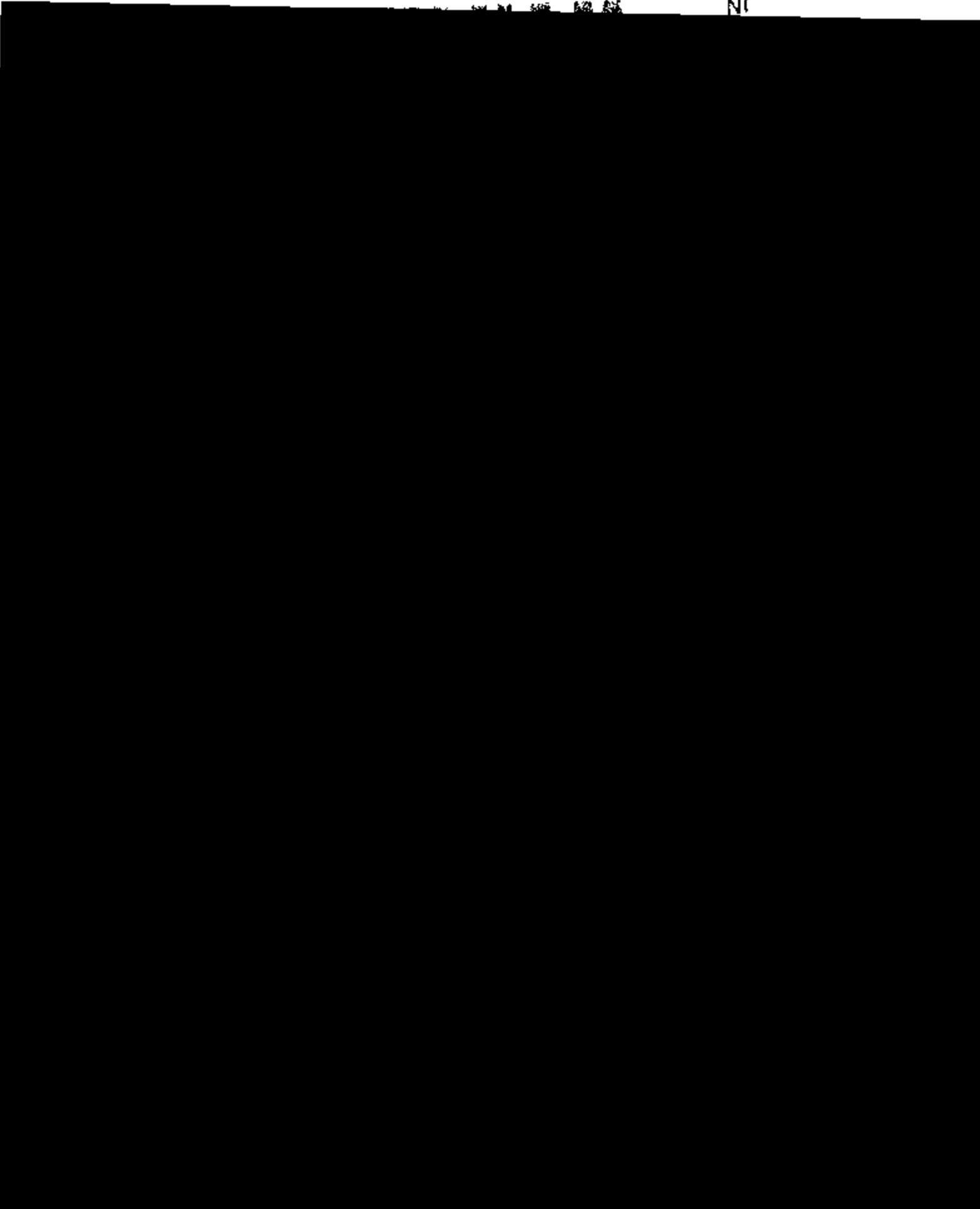
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Satisfaction is our Main Concern

ADVISOR <b>BOBBY WOOTERS</b>	TAG NO <b>854</b>	INVOICE DATE <b>08/31/01</b>	INVOICE NO. <b>PNWS94478</b>
LABOR RATE	LEASAL NO	MILEAGE <b>1,599</b>	COLOR <b>BRIGHT RED/</b>
YEAR/MAKE/MODEL <b>01/PONTIAC/TRANS AM/TRANS AM</b>	DELIVERY DATE <b>06/20/01</b>	DELIVERY MILES	STOCK NO. <b>P1168</b>
VEHICLE ID NO. <b>2 G 2 F V 3 2 G 9 1 2 1 4 8 7 7 3</b>	DEL. TO DEALER/NC	PRODUCTION DATE	
F.T.E. NO.	I.P.O. NO.	R.O. DATE <b>08/28/01</b>	
RESIDENCE PHONE <b>567-6452</b>	BUSINESS P-DMF <b>281-6452</b>	COMMENTS	

LABOR & PARTS	DESCRIPTION	U/COST	E/COST	U/PRICE
J# 1-16PNZ	SUSPENSION C/S NOISE IN FRT END OVER BUMPS (SOP) REPLACED STRUT ASSY ON LEFT FRT	7.345 *	81.00	113.40
JOB # 1			81.00	113.40
				113.40
J# 2-27PNZ1	FRONTEND PULLS RIGHT ADJUSTED CASTER, CAMBER AND TOE (OUT OF SPECS) DROVE CAR STILL HAD PULL HAD TO ROTATE TIRES AND OVERCOMPENSATE ALIGNMENT			0.00
JOB # 2				0.00
J# 3+14PNZ	ELECTRICAL CH CHARGING SYSTEM (GAUGE WENT IN RED WITH WIPERS AND A/C ON) NWD			0.00
JOB # 3				0.00
SUBLET JOB # 1	PO# 98119 VENDOR INV# 945716 INV DATE 08/29/01 DESCRIPTION RENTAL			30.00
				30.00
				0.00
				356.90

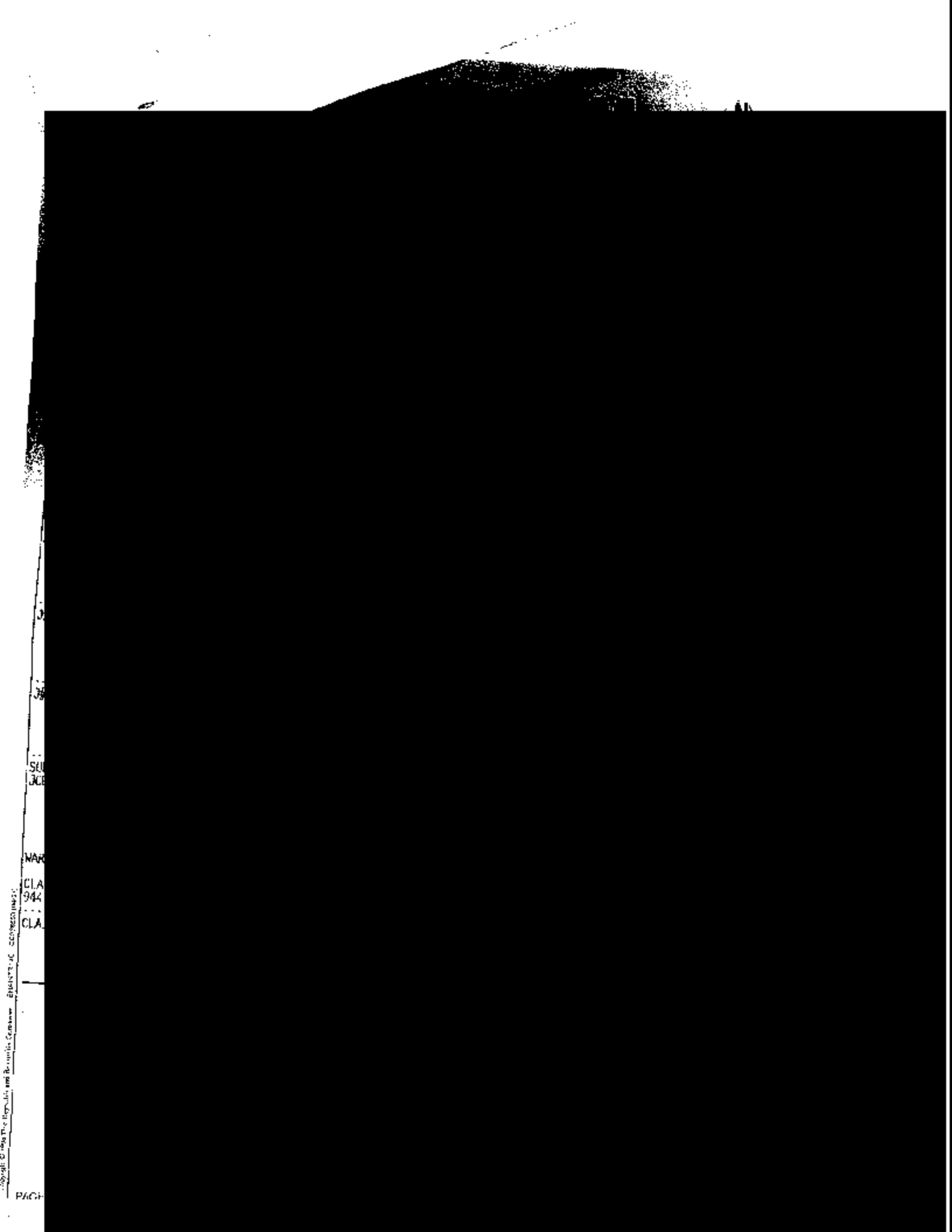
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**NOT RESPONSIBLE FOR LOSS OR DAMAGE TO ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR OTHER CAUSE BEYOND OUR CONTROL.**

**TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE**

WARRANTY CLAIM DETAIL TOTALS





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