



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received

Repository ☐

Reference No.
10015463

2003 MAY - 78-04-10028

OWNER INFORMATION (Type or Print)

Name

Address

City DUBLIN

State GA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an owner's signature, please print the name or address to the vehicle manufacturer.
Signature of Owner Date 4/8/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number (VIN) as shown on driver's side

Make

OLDSMOBILE

Model

BRAVADA

Model Year

1997

Date Purchased
2/18/03

Dealer's Name and Telephone Number

VEHICLES-INC (1025) 610-799-6000

Engine:

No: Cylinders

Fuel Type:

GAS

Original Owner

Dealer's City

IRONTON, PA

State

PA

Zip Code

18037

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

all wheel drive

Vehicle Component Code

103600 POWER TRAIN: AUTOMATIC TRANSMISSION: COOLING UNIT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
06-APR-2003

Failure Mileage

68508

Failure Speed

40

Automatic Transmission 4L60E

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

Narrative Description of Incident(s), Crash(es), and Injury(es).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AUTOMATIC TRANSMISSION FAILED DUE TO FAILED COOLING LINE WHICH LEAKED. *JB

4/8/03 Replaced Transmission with
a GM remanufactured Transmission 4L60E

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

this Vehicle was represented to be in "MINT" Condition. Would I have known what bad condition it was in, I would not have purchased Vehicle.

Here is what was wrong:

Brakes - pads and Rotors
Water pump, Oxygen Sensor, Spark plugs, Belt Tensioner
Transmission was shot, this is the ugliest I have seen, also leaking transmission cooler lines.

Over \$4000.00 in repairs, this dealer should be put out of business.

"Mint Condition" my foot.
I have what he said in writing.

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400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 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, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

ON

DASH2DOT

and dial toll free at

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1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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http://www.dhs.gov/nhtsa

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**