



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
(1-888-327-4235)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received

Repository ☐

2004 FEB 24 PM 10:26

Reference No.
10055290

OWNER INFORMATION (Type or Print)

Name

Address

City

BEAUMONT

State

TX

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 authorized NHTSA will not provide your name or address to the vehicle manufacturer.
Signature of Owner Date 2/10/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GNEC13R3X

Make

CHEVROLET

Model

TAHOE

Model Year

1999

Date Purchased

3-26-2001

Dealer's Name and Telephone Number

Mc Dorman Motors

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

☒

Dealer's City

Beaumont

State

TX

Zip Code

77706

8

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

4 WHEEL DRIVE

2 WHEEL DRIVE

Vehicle Component Code

103000 POWER TRAIN: AUTOMATIC TRANSMISSION

Multiple Failures: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

4-10-03

4-18-03

7-27-03

Failure Mileage

72000

69156-1089

70

Failure Speed

40

70

TORQUE CONVERTER

PUMP

WHOLE TRANSMISSION

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(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

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 CONSUMER COMPLAINED ABOUT SIX MONTH AGO ABOUT PROBLEMS WITH THE TRANSMISSION. THE DEALER REPLACED THE TORQUE CONVERTER, SIX MONTH LATER, THE TRANSMISSION FAILED WHILE DRIVING 40 MPH. THE DEALER REBUILT THE AUTOMATIC TRANSMISSIONS AT THE OWNER EXPENSE, PLEASE PROVIDE FURTHER INFORMATION. *JB

VEHICLE COMPONENT(S)/PART(S) INFORMATION

Vehicle Make

☒ Cruise Control

4 WHEEL DRIVE

Vehicle Model

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-599) 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 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)

While driving on Highway in Branson, Missouri transmission failed (4-16-03) was repaired at local dealership. Two days later on trip back transmission failed again on the highway in Atlanta, Texas (400 miles later) was repaired at local dealership. Eight months later transmission failed while in home town. Had to be completely rebuilt. Vehicle had been serviced prior to purchase (07-3-23-2001) which included transmission flush.

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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

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

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NECESSARY
IF MAILED
IN THE
UNITED STATES

**VEHICLE
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QUESTIONNAIRE**

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TO REPORT VEHICLE SAFETY DEFECTS
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ON

DASH2DOT

and dial toll free at

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(DASH) & DOT



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**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).**