



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 231

Date Received
AM 10:20
22-JAN-2004

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OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: MASPETH State: NY Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address:
Evening Telephone Number:

Do you authorize NHTSA to contact you or the manufacturer of your vehicle?
In the absence of an authorized address to the vehicle manufacturer. YES NO
Signature of Owner: [Redacted] Date: Feb 2 2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: [Redacted]
Make: CHEVROLET Model: ENVOY Model Year: 2002
Date Purchased: July 2001 Dealer's Name and Telephone Number: Megan Buick 718-706-0600
Original Owner: [Redacted] Dealer's City: N.Y. State: NY Zip Code: [Redacted]
Engine: No. Cylinders: [Redacted] Fuel Type: [Redacted]
Transmission Type: [Redacted] Antilock Brakes: Cruise Control:
Powertrain: [Redacted] Vehicle Component Code: 104000 POWER TRAIN:TRANSFER CASE (4-WHEEL DRIVE)
Multiple Failure: 1 X 4 times

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): [Redacted] Failure Message: [Redacted] Failure Speed: 40

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P216/66R15): [Redacted]
DOT No. (Example: DOTM16BABC036) Original Equipment After Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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: 0 Number of Deaths: 0 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).

CONSUMER STATED WHILE DRIVING 40 MPH VEHICLE SLIPPED INTO ANOTHER GEAR WITHOUT CONSUMER SHIFTING GEARS. DEALERSHIP SERVICED VEHICLE, AND DETERMINED TRANSFER CASE MODULE NEEDED TO BE REPLACED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-578) 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 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)

I have owned (Leased vehicle) for 2 1/2 years. The first winter after purchase vehicle was brought in for gears "slipping, Car bucks" when this happens and driver and passenger tilt, it happened 3 additional times after repair was made. One incident almost caused a serious accident, second incident caused me to get "tapped" in back and driver took off after hitting me. The next time I was forced to go off road to avoid accident.



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

Official Business Penalty for Private Use \$300



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POSTAGE WILL BE PAID BY MAIL, 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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http://www.dhs.gov/nhtsa

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and dial toll free at

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COMPLETE THIS FORM
ON

DOT AUTO SAFETY HOTLINE

VEHICLE OWNER'S QUESTIONNAIRE