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 100148

Date Received: 15-JUL-2005 (2005 AUG 19)

Repository ☐

Reference No.: 10128983

## OWNER INFORMATION (Type or Print)

Name: [redacted]

Address: [redacted]

City: ROWLAND | State: NC | Zip Code: [redacted]

Daytime Telephone Number: [redacted]

Evening Telephone Number:

E-mail Address:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☑ YES ☒ NO
In the absence of an au[redacted] or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 8/1/05

## VEHICLE INFORMATION

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| 1G1ND52F04[redacted] | CHEVROLET | CLASSIC | 2004 |

| Date Purchased | Dealer's Name and Telephone Number | | | Engine: | Fuel Type: |
|---|---|---|---|---|---|
| 15-MAR-05 | BLEECKERS GMC 910-868-3600 | | | No. Cylinders: 4 | Gas |
| Original Owner ☐ | Dealer's City: FAYETTEVILLE | State: NC | Zip Code | | |

| Transmission Type | | Powertrain | Vehicle Component Code |
|---|---|---|---|
| AUTOMATIC | ☒ Antilock Brakes<br>☒ Cruise Control | UNKNOWN | 103000 POWER TRAIN:AUTOMATIC TRANSMISSION<br>Multiple Failure: 3 |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Incident Date(s) | Failure Mileage | Failure Speed | |
|---|---|---|---|
| 15-MAR-2005 | 37000 | | |

## 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: DOTMALBABC036) | ☐ Original Equipment<br>☐ 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 | Fire | Number of Persons Injured | Number of Deaths | Reported to Police |
|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | | | 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:
Le, parts repaired or replaced (and if old part is available).

DT: THE CONSUMER STATES SHE PURCHASED THE VEHICLE USED IN MARCH 2005. THE TRANSMISSION WAS JUMPING REAL BADLY. THIS ALWAYS HAPPENED. THE DEALERSHIP TOLD HER IT WAS ALRIGHT. SHE THEN HAD THE VEHICLE CHECKED BY ANOTHER MECHANIC AND WAS TOLD THE TRANSMISSION WAS DEFECTIVE. IT HAPPENS WHEN THE VEHICLE WENT ABOVE 25 MPH, AND CONTINUED TO HAPPEN. SHE HAS NOT CALLED THE MANUFACTURER, BUT WILL CALL THEM NEXT. WHEN THE VEHICLE WAS PURCHASED IT DID HAVE A LITTLE JUMP IN IT, AND SHE TOOK IT TO THE DEALERSHIP. THEY DID NOT SAY THEY PERFORMED ANY WORK, BUT THE VEHICLE WAS OKAY. THE JUMP HAS GOTTEN PROGRESSIVELY WORSE.*AK

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