



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

Repository ☐

28-JUL-2006

Reference No.
10163814

OWNER INFORMATION (Type or Print)

Name

Address

City CLEVELAND

State TN

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 signature, NHTSA will not provide your name or address to the vehicle manufacturer.
Signature of Owner Date 8/1/2006

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GBLP37J3V3

Make
VECTRA

Model
GRAND TOUR

Model Year
1998

Date Purchased
02-JUN-98

Dealer's Name and Telephone Number
JOHN BLEAKLY RV

Engine:
No: Cylinders 8

Fuel Type:
Gas

Original Owner
☒

Dealer's City
DOUGLASVILLE

State
GA

Zip Code

Transmission Type
AUTOMATIC

☐ Antilock Brakes
☒ Cruise Control

Powertrain
REAR WHEEL DRIVE

Vehicle Component Code
050000 PARKING BRAKE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
27-JUL-2006

Failure Mileage
32000

Failure Speed
75

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).

DT*: THE CONTACT STATED WHILE DRIVING 75 MPH THE PARKING BRAKE LIGHT ILLUMINATED AND THE PARKING BRAKE ENGAGED. THE VEHICLE WAS DRIVEN FOR AWHILE AND TAKEN TO AN INDEPENDENT MECHANIC WHO REPLACED THE CABLE. UPON RETURNING HOME FROM THE TRIP, THE DEALER REPLACED THE MOTOR FOR THE AUTO PARK WHICH DID NOT REMEDY THE PROBLEM.

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)

Returned to Dealer (Chevrolet) again. Replaced ~~two~~ Two
Switches, Brake shoes (for second time) which had gotten
hot again, Transmission bear seal, and another
different cable.

Total Expense \$2362.05 For Repair.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety Administration

400 7th Street, SW
Washington, DC 20590

Postage Use \$300

BUSINESS REPLY MAIL

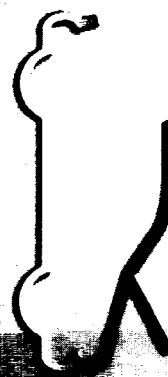
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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-210
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
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IF MAILED
IN THE
UNITED STATES

Think your vehicle
has a safety defect?



If so:

Use the enclosed
form to file a report

or visit

or call:

888-327-4274

SAFETY

Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation



NO POSTAGE
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BUSINESS REPLY MAIL

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MILWAUKEE, WI 53209-9989

POSTAGE WILL BE PAID BY ADDRESSEE

RECALL PROCESSING CENTER

P.O. BOX 909989

MILWAUKEE, WI 53209-9989





Recall Processing Center
P.O. Box 909989
Milwaukee, WI 53209-9989



04078 1GBLP37 J3V3316284 13 0005961

CLEVELAND, TN

MAIL THIS FORM ONLY if any of the items below apply to this vehicle.
This will help us in contacting the present owner/lessee and ensure that
you do not continue to receive notifications for this vehicle.

CHECK (X) APPROPRIATE BOX.

☐ **My new address OR Vehicle sold/traded to:**

Owner Name _____

Address _____

City, State, Zip _____

Phone (____) _____

☐ **I have never owned/leased this vehicle.**

☐ **Vehicle was damaged beyond repair and scrapped.**

☐ **Vehicle was stolen and not recovered.**

☐ **Other:** _____

**By providing the information above you are authorizing an update
to our records for this vehicle.**

CUSTOMER REPLY FORM

To mail: Fold so the return address on the back of this panel is showing.
Place a piece of tape on each of the shorter ends to seal the mailer.



October 2004

Dear Chevrolet Customer:

General Motors originally sent this owner letter to all owners of record in July 2001. Due to the importance of this scheduled maintenance, General Motors is resending this information to you. Please follow the instructions below to address this important matter.

As the owner of a 1997 Chevrolet motor home chassis, your satisfaction with our product is of utmost concern to us.

We are contacting you to make you aware that General Motors has received reports of crashes that may be related to the maintenance of the auto-apply park brake on your vehicle. The park brake system requires routine maintenance as outlined in your owner's manual. If the park brake system is not periodically adjusted, it is possible that the park brake may not fully engage, allowing the vehicle to roll.

What You Should Do:

1. Inspect your vehicle and confirm that your auto-apply parking brake is correctly adjusted. If you suspect that your system needs adjustment, please contact your GM dealer for service. GM recommends that you inspect the adjustment of your park brake at least twice yearly and after long periods of storage. It is recommended that you perform the simple check of the park brake system stated in your owner's manual in the *Scheduled Maintenance Services* section. For your convenience we have provided it below:

Caution

When you are doing this check, your vehicle could begin to move. You or others could be injured and property could be damaged. Make sure that there is room in front of your vehicle in case it begins to roll. Be ready to apply the regular brake at once should the vehicle begin to move.

- Park on a fairly steep hill, with the vehicle facing downhill. Keeping your foot on the regular brake set the parking brake.
- To check the parking brake's holding ability: With the engine running and the transmission in NEUTRAL (N), slowly remove foot pressure from the regular brake pedal. Do this until the vehicle is held by the parking brake only.
- If the vehicle does not hold under the above circumstance, see your dealer immediately for parking brake adjustment.

2. As an added precaution to help prevent your vehicle from rolling away, GM recommends that you avoid parking on steep grades whenever possible. If you must park on an incline, park your vehicle against a curb or berm if possible. If parking next to a curb, turn the vehicle wheels into the curb.
3. Do not use the park brake system to stop the vehicle while the vehicle is in motion. The park brake system is not intended to be used as a substitute for the regular brake system. Doing so can damage the park brake system.

If you have any questions regarding this matter, please contact the Chevrolet Customer Assistance Center between the hours of 8:AM and 11:00 PM, EST, Monday through Friday. They can be reached at 1.800.630.2438. The deaf, hearing impaired, or speech impaired should call Text Telephone (TTY), 1.800.833.2438.

Chevrolet Motor Division
General Motors Corporation



SOCASTEE AUTO

3809 Socastee Blvd
Myrtle Beach, S.C 29588
293-7077

YOUR ONE STOP AUTO REPAIR SHOP**REPAIR AUTHORIZATION**

Last Name: [REDACTED]

First Name: [REDACTED]

Address: [REDACTED]

City: ClevelandState: TN

Zip/Postal Code: [REDACTED]

Home Phone: [REDACTED]

Work Phone: _____

Alt. Number: _____

Year: 1988Make: WinnebagoModel: VectraEngine: Chevy V8 55

Tag#: [REDACTED]

Mileage: 31896Vehicle ID#: 1GBLP3753V3**Job Description:** _____

An express mechanics lien is acknowledged on the above vehicle to secure the amount of repairs thereto, until such time as cash payment has been made in full. It is understood that you will not be held responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause beyond your control. Upon signing this repair order it is accepted as a complete and comprehensive description of the repair work done on this vehicle.

DATE 5/8/06

SIGNED [REDACTED]

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).