Form Approved: OMB No. 2127-0042

U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 1039

Date Received: 01-FEB-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
op_ltr ____ ____

Reference No.: 8003389

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ **Date**____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1GNDU06E7VD150848	CHEVROLET TRUC	VENTURE	1997	

Purchase Dat: ☐ New ☒ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____

No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
07300000	POWER TRAIN:TRANSMISSION:AUTOMATIC	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	12-JAN-2002		
	Mileage at Failure(s 67	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN TRYING TO PROCEED FORWARD AFTER STOPPING AT STOP SIGN VEHICLE WOULD NOT GO FORWARD. TOOK VEHICLE TO DEALER, AND HAD TO REPLACE TRANSMISSION. THIS WAS THIRD TRANSMISSION.*AK

CONTINUED ON REVERSE

Form Approved: O M B No 2127-0008

U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1039

Date Received: 01-FEB-2002

OFFICE OF DEFECTS INVESTIGATION

Odi_or
rt_dt
od_rt
(m2_Rr)

Reference No.: 5003389

Work Number

Home Numb [redacted]

OWNER INFORMATION (Type or Print)

[redacted] 7033

OMAHA NE 68104

Do you authorize NHTSA to provide a copy of your complaint to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of an [redacted] name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 8/31/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1GNDU06E7VD150848	CHEVROLET TRU	VENTURE	1997	

Purchase Date: 10-5-99 [ ] New [X] Used

Dealer's Name: Tim Oneill Chevrolet
City: Omaha State: NE Zip Code: 68111

Engine Siz (CID/CC/L ____ No Cylinders ____
[ ] Turbo [ ] Diesel [ ] Gas [ ] Fuel Injectio

Transmission Type: [ ] Manua [X] Automatic

Antilock Brakes: [X] Yes [ ] No

Restraint System: [ ] 3-Point Belt [ ] Moto belt [ ] Driverside Airbag [ ] 2-Point Bel [X] Passengerside Airbag

Cruise Contro: [ ] Yes [X] No

Drive Trai: [X] Front [ ] Rea [ ] 4-Wheel

Vehicle Type: [ ] Car [X] Van [ ] Minivan [ ] Other ____ [ ] Sport Utl [ ] Truck [ ] Motorcycle

Body Style: [ ] 2-Door [ ] 4-Door [ ] Stationwagon [ ] Pick Up [ ] Truck [X] Van

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name/s	Location	Failed Parts
07300000	POWER TRAIN:TRANSMISSION:AUTOMATIC 8-21-02 3-13-2002	[ ] Left [ ] Front [ ] Right [ ] Rear	[X] Original [ ] Replacemen

No of Failures: 4

Date(s) of Failure(s): 12-JAN-2002, 9-18-01, 1-2-01
Mileage at Failure/s: 67
Vehicle Speed at Failure(s): ____

Failed Part(s): [X] Yes [ ] No

NHTSA Previously: [ ] Yes [X] No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
[ ] Yes [ ] No	[ ] Yes [ ] No				[ ] Yes [ ] No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN TRYING TO PROCEED FORWARD AFTER STOPPING AT STOP SIGN VEHICLE WOULD NOT GO FORWARD. TOOK VEHICLE TO DEALER, AND HAD TO REPLACE TRANSMISSION. THIS WAS THIRD TRANSMISSION. AK since initial report transmission failed again. last date of failure was 8-21-2002.

CONTINUE ON BACK IF NEEDED

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 this questionnaire. Your respon 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.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*	MANUFACTURER/TIRE NAME	SIZE
D O T		

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

Attached is the work orders for the repair of my van. The transmission has failed every six to seven months 11-20-01, 2-18-01, 1-12-02 8-21-02. The 950 seems to be a problem w/ the blinkers when this happens. The blinkers stop flashing when the breaks are pressed. After a couple of days the lights have to be replaced and finally the transmission will fail. It seems to be a pattern.

☆ U.S. G.P.O.: 1992 – 625-497/80088

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

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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
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

THE FOLLOWING PAGES ARE WITHHELD 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)

(*Page* 1 *through Page* 19)