

 <p><b>DOT Auto Safety Hotline</b></p> <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY 758</b></p> <p>Date Received: 16-OCT-2002</p> <p>Od_or: _____ rt_ct: _____ od_rt: _____ up_br: _____</p> <p>Reference No.: 8020937</p>			
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>S. BURLINGTON VT</p>				<p>Work Number: _____ Home Number: _____</p>			
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA will not provide a copy of this report and address to the vehicle manufacturer.</p> <p>Signature of Owner: _____ Date: 12/7/02</p>							
<p align="center"><b>VEHICLE INFORMATION</b></p>							
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p>1B7GL22Y3XS250173</p>		<p>Vehicle Make</p> <p>DODGE TRUCK</p>	<p>Vehicle Model</p> <p>DAKOTA</p>	<p>Vehicle Year</p> <p>1999</p>	<p>Current Odometer Reading</p> <p>49200</p>		
<p>Purchase Date</p> <p>10/1</p>	<p>Dealer's Name</p> <p>HERITAGE TOYOTA</p>		<p>Engine Size (CID/KCAL)</p> <p>318</p>	<p>No. Cylinders</p> <p>7</p>	<p><input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected</p>		
<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>City</p> <p>S. BURLINGTON</p>		<p>State</p> <p>VT</p>	<p>Zip Code</p> <p>05</p>			
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Rear Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p> <p><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Sport Ut <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style</p> <p><input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p>
<p align="center"><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>							
<p>Component</p> <p>07300000</p>	<p>Part Name(s)</p> <p>POWER TRAIN:TRANSMISSION:AUTOMATIC</p>		<p>Location</p> <p><input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>	<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>			
<p>No. of Failures</p> <p>2</p>	<p>Date(s) of Failure(s)</p> <p>01-AUG-2002</p>		<p>Mileage at Failure(s)</p> <p>48000</p>	<p>Vehicle Speed at Failure(s)</p> <p>40 mph</p>	<p>Failed Part(s) Available?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p align="center"><b>APPLICATION INCIDENT INFORMATION</b></p> <p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>							
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>NONE</p>	<p>Number of Fatalities</p> <p>NONE</p>	<p>Estimated Property Damage</p> <p>1415.00</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p align="center"><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p>							
<p>WHILE DRIVING TRANSMISSION WOULD NOT SHIFT UP TO FOURTH GEAR. CONSUMER CHECKED FLUIDS AND FOUND TRANSMISSION FLUID LOW, ALSO HOT AND BROWN. AFTER ADDING FLUID TRANSMISSION SHIFTED PROPERLY AGAIN. DEALER STATED TRANSMISSION NEEDS TO BE REPLACED. MR</p>							

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 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)

THE FAILURE WAS IN THE ONE WAY VALVE REVERSED (FACTOR  
MISPAIRED) IN THE TRANSMISSION OIL COOLER LINE  
ULTIMATELY RESULTING IN THE TRANSMISSION'S FAILURE  
TO SHIFT INTO FOURTH GEAR WHILE DRIVING.  
AAWCO SAID TO REBUILD THE TRANSMISSION WHICH  
I HAD THEM DO.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department  
of Transportation

National Highway  
Traffic Safety  
Administration

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

Official Business  
Penalty for Private Use \$300

[Redacted]  
SOL BURLINT  
[Redacted]



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**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  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE  
OWNER'S**

**QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



US Department of Transportation  
National Highway Traffic Safety  
Administration  
<http://www.nhtsa.gov/govaffairs>

**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).**