

U.S. Department  
of TransportationNational 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 436**

Data Received

03-MAR-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

857885

 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.) <small>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
NOT AVAILABLE	OLDSMOBILE	CIERA	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) 26-FEB-2000 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**APPLICATION INCIDENT INFORMATION**

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

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

TRANSMISSION WENT OUT DUE TO A HARDENED STOVE PIPE GM# 24202422. THE PART BECAME DEFECTIVE (EATEN UP). TRANSMISSION SHOP STATED THAT IT SHOULDN'T HAVE WORN OUT SO FAST.  
\*AK

CONTINUED ON BACK PLEASE

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.

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY</b> 436</p> <p>Date Received: <u>03-MAR-2000</u></p> <p style="text-align: center;">OFFICE OF INVESTIGATION</p> <p>Od or rt dt: _____ od_rt up_itr: _____</p> <p>Reference No.: <b>857885</b></p> <p>Work Number: _____ Home No: _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p style="text-align: right;">593515</p>	

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: 3/17/2000

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) <u>1G3AJ55MXT6346987</u>	Vehicle Make <u>OLDSMOBILE</u>	Vehicle Model <u>CIERA</u>	Vehicle Year <u>1996</u>	Current Odometer Reading <u>Approx: 62,000</u>	
Purchase Date <u>1997</u>	Dealer's Name <u>BURKE</u>		Engine Size (CID/OZ) <u>3.1L</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State <u>NJ</u> Zip Code _____		No Cylinders <u>6</u>		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
				Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>07300900</u>	Part Name(s) <u>POWER TRAIN:TRANSMISSION:AUTOMATIC</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <u>1</u>	Date(s) of Failure(s) <u>28-FEB-2000</u>	Mileage at Failure(s) <u>58,700</u>	Vehicle Speed at Failure(s) <u>10 MPH</u>
	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>\$1873<sup>00</sup></u>
				Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

TRANSMISSION WENT OUT DUE TO A HARDENED STOVE PIPE GM# 24202422. THE PART BECAME DEFECTIVE (EATEN UP). TRANSMISSION SHOP STATED THAT IT SHOULDN'T HAVE WORN OUT SO FAST.

\*AK

PART BECAME DEFECTIVE WHEN REVERSING IN A PARKING LOT AND WE STARTED TO DRIVE.

ATTACHED IS COPY OF BILL PAPERS SHOWING GM CHANGED PART STATING LAST LONGER PART WAS RETURNED TO US BY MECHANIC

# FINDING & FIXING

the causes of  
**COMPLAINT**  
and  
**FAILURES**

Written by  
**PAUL YAKLIN**  
in association with  
**DAVID HARDIN**  
of  
**TRAVAGAS**

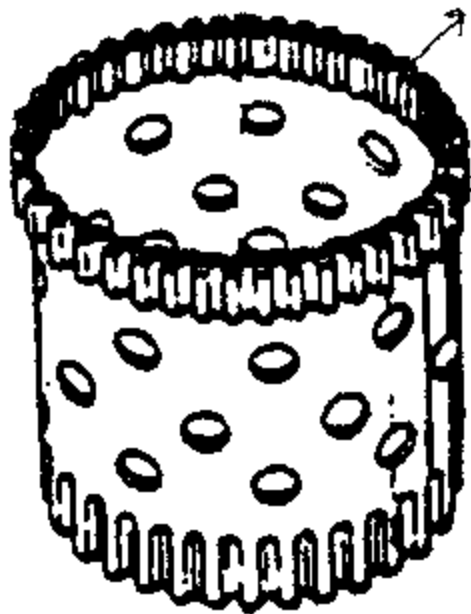
## 4T60E

### No Movement Cold/No Reverse/No Upshift Snapping Noise in Park and Neutral

All the complaints listed above may be due to a combination of a broken Reaction Drum (stovepipe) and/or a damaged low roller clutch. Many believe the problems begins with the low roller clutch slipping and grabbing - which tears the top of the stovepipe out.

The outer lugs of the low roller clutch frame wear, causing the rollers and springs to be mispositioned in the cam. Repeated banging tears out pipe and no upshift or no reverse complaint results. Some worn low rollers have caused no engagements in D4 or D3 when cold like 125's used to do. Worn low roller makes snapping noise in park/neutral but car may drive perfect otherwise.

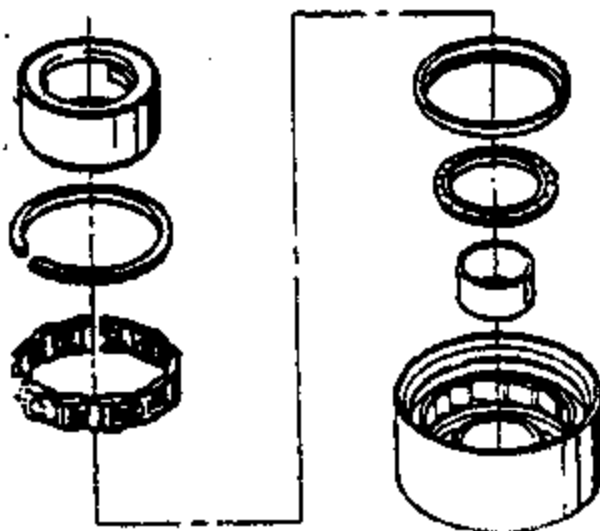
A new low roller element (same as 350) installed during rebuild will last a long time. 1996 models have new type low roller design to eliminate this problem. New hardened stove pipe is a worthwhile update to prevent repeat tear out.



Hardened Stovepipe  
GM# 24202422

*THIS PART WAS WORN AWAY IN 2 PLACES. PART IS IN OUR POSSESSION.*

The low roller frame is often worn causing rollers to be mispositioned in cam.



Low Roller Clutch Assembly

**Special Thanks to:**

Everybody at

***TransGo***

for all the help and support  
producing this book.

***Especially***

**David Hardin**

who spent many hours  
helping me assemble this book.

**Gil Younger**

for helping me with so many things over the years.

**Rick Weingard**

for his support with all the seminars.

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**Ed Kruse and Dale England**

of

***ATSG***

for their help and furnishing some  
of the technical material in this book.

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V 1.0

**Price \$55.00**

# REPAIR ORDER

Quality Vehicle Maintenance & Repair Services  
 REPAIRS • SERVICE • EXCHANGED  
 3750 BILCO  
 BIRMINGHAM, AL 35202

001776

QTY	PART NO.	DESCRIPTION	PRICE
1	overhaul kit		302.00
1	Rebuild Cam		287.00
1	new Shell		82.00
1	A. F. Filter		15.00
		Parts supplied	
		as supplied	
		OUTSIDE REPAIRS	
		BROUGHT FORWARD	
		TOTAL PARTS	
		ACCESSORIES	
		TOTAL ACCESSORIES	

DSS	ISU	LACOR CHG. JOB
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NAME: Jim Tashline DATE: 3.3.00

ADDRESS: 2144 Shields Ave. Fairhope, AL 36531

MAKE: Olds TYPE OR MODEL: Cors YEAR: 96 RECEIVED: AM P.M.

SERIAL NO.: 58700 ENGINE NO.: \_\_\_\_\_ TERMS: \_\_\_\_\_ PHONE WHEN READY:  YES  NO

LICENSE NO.: \_\_\_\_\_ ORDER WRITTEN BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSTRUCTIONS

Remove & Inspect TRAWs  
 No Rev. as yield lt  
 Repair Customer's Vel. with  
 Parts + Labor As Listed  
 13 month  
 warranty

176	60.00	TOTAL LABOR	1056.00
		TOTAL PARTS	687.00
		ACCESSORIES	
12	20.00	GAS, OIL & GREASE	240.00
		OUTSIDE REPAIRS	
		TAX	176.70
		TOTAL AMOUNT	1873.70

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and / or inspection. An express warranty is hereby furnished on above car or truck in accordance with amount of repair material.

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.

GAS, OIL & GREASE: 12 @ 20.00 = 240.00

TOTAL, GAS, OIL & GREASE

# Repair Order