

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 241**

Data Received

13-MAR-2000

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

Reference No.

858442

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3CW53L9N4309111	OLDSMOBILE	98	1992	

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 checked="" type="checkbox"/> New <input 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 type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<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"/> Front <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) _____ 15-OCT-1999 Mileage at Failure(s) _____ 39000 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)**

**ON-GOING / INTERMITTENT PROBLEM WITH VEHICLE WOULD MOVE WHENEVER IT PULL FROM A STOP POSTION. DEALER WAS NOT CONTACTED AT THIS TIME. PROVIDE FURTHER DETAILS:**

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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 241	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] 596197		RECEIVED 13-MAR-2000 OFFICE OF INVESTIGATION	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date 3/21/2000	
<b>VEHICLE INFORMATION</b>			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1G3CW53L9N4309111	OLDSMOBILE	98	1992
Purchase Date Nov. 1992	Dealer's Name Bill Lee Oldsmobile	Engine Size (CID/CCIL)	Current Odometer Reading 40,000
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Mt. Clemens State Mi Zip Code 48043	No. Cylinders 4	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input 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"/> Sport UTV <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <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
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Component 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	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	Date(s) of Failure(s) 15-OCT-1999 Mileage at Failure(s) 39000 Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>APPLICATION INCIDENT INFORMATION</b> (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 0	Number of Fatalities 0
		Estimated Property Damage 0	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>			
ONGOING/INTERMITTENT PROBLEM WITH TRANSMISSION MOVING WHENEVER VEHICLE PULLED FROM A STOP POSITION. DEALER WAS CONTACTED AT THIS TIME. PROVIDE FURTHER DETAILS.*AK TOOK CAR TO DEALER (BILL LEE) HE WAS GOING TO PUT IN NEW TRANSMISSION FOR \$2400.00			
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 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.			



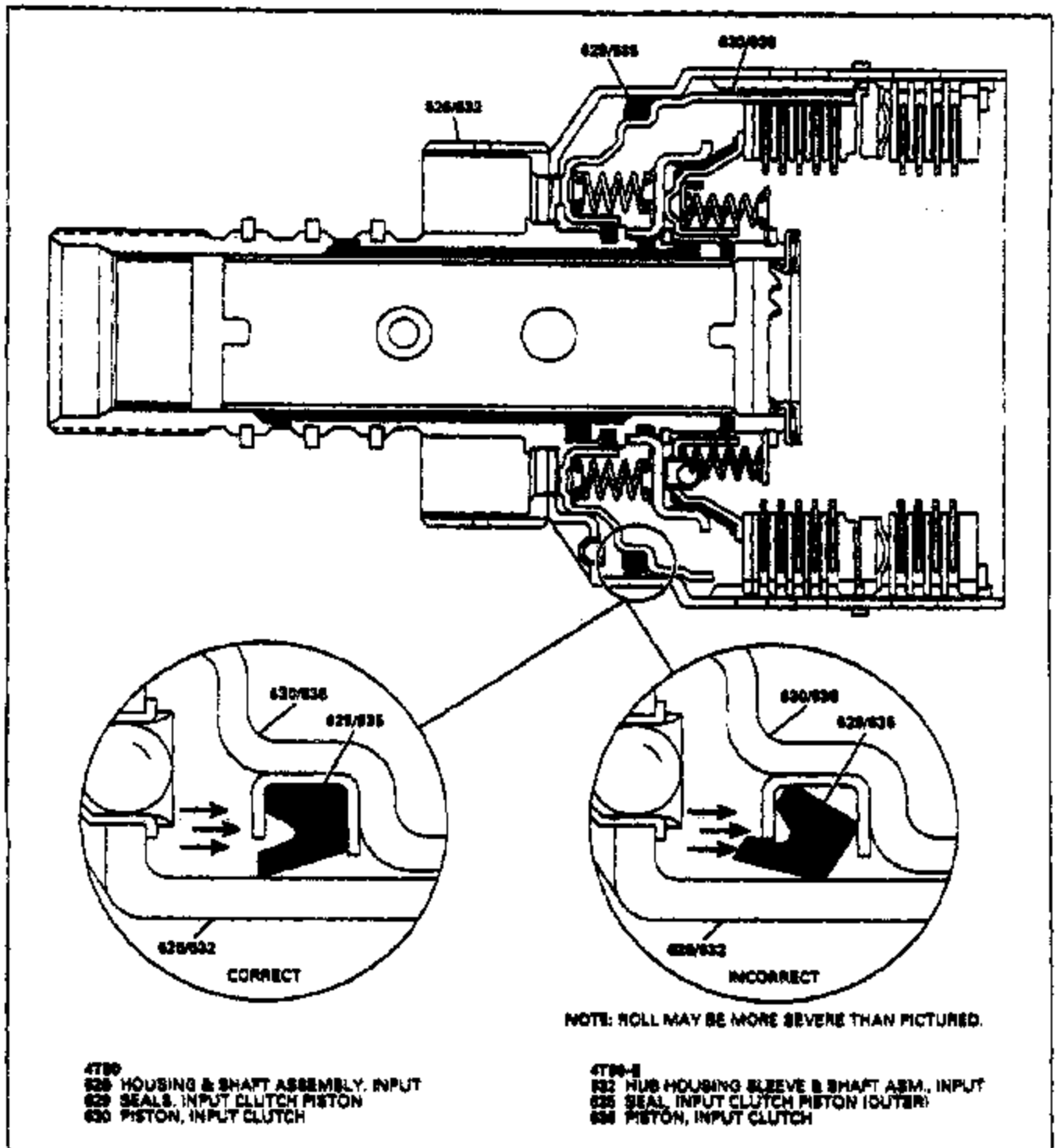


Figure 2



## THM 4T60 AND 4T60-E DELAYED ENGAGEMENT COLD ONLY

**COMPLAINT:** Some vehicles equipped with the THM 4T60 (440-T4) or THM 4T60-E transaxle built before November 1, 1991 may experience a delayed engagement into drive and/or reverse after sitting overnight. The condition may gradually become more noticeable as vehicle mileage increases, or as outside temperature decreases. Once the transaxle is brought up to normal operating temperatures, the condition may not be able to be reproduced until again sitting overnight.

**CAUSE:** The cause may be a rolled or cut input clutch piston outer lip seal (See Figure 2). Caution, the seal may roll back into the proper position during disassembly.

**CORRECTION:** Replace the input clutch piston outer lip seal. Inspect the input clutch piston seal groove, and the input clutch housing for any damage and replace as necessary.

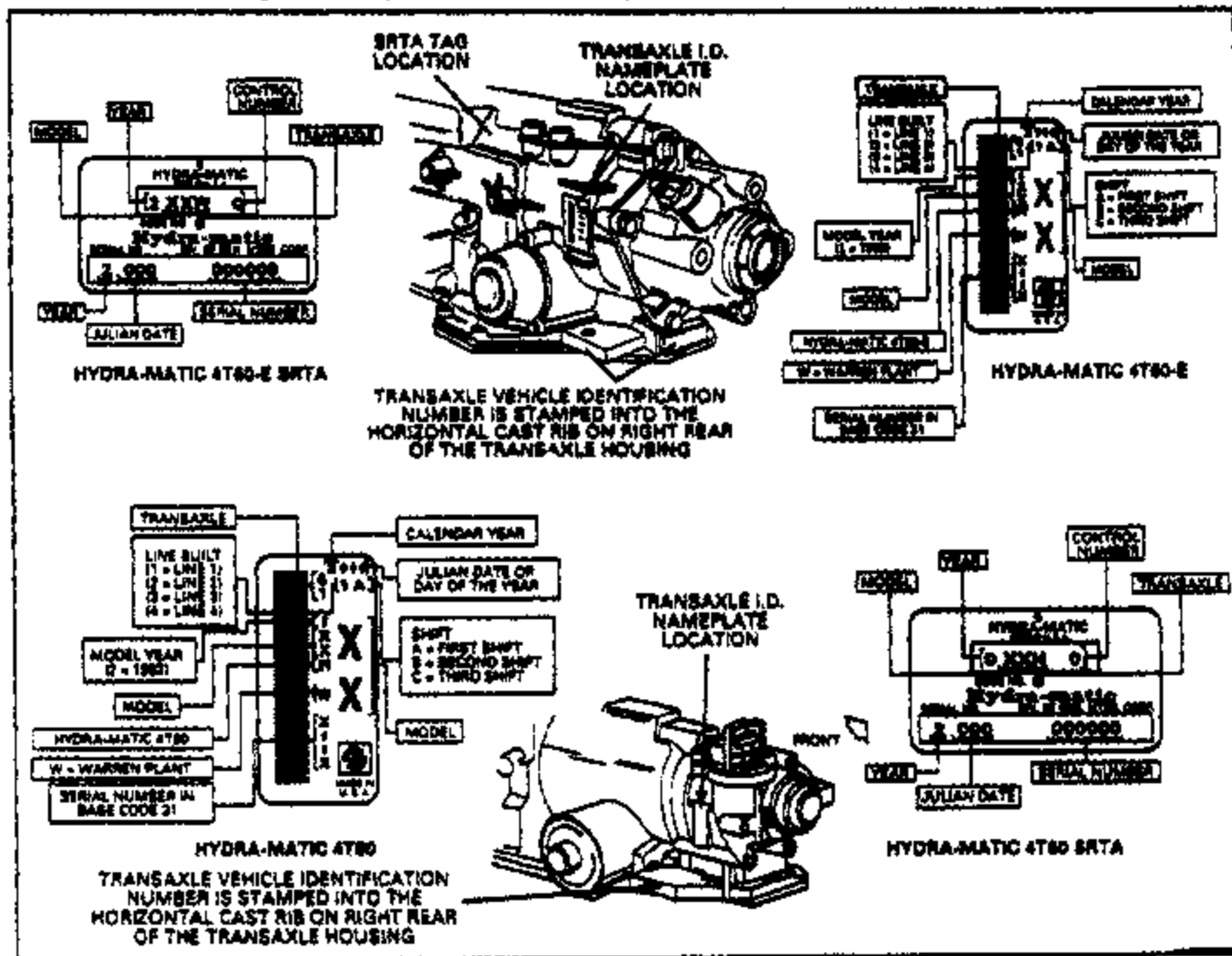


Figure 1

Owner [Redacted]



**BILL LEE OLDSMOBILE INC.**  
 34401 Gratiot Ave. • P.O. Box 575  
 (South of 15 Mile Road)  
 MOUNT CLEMENS, MICHIGAN 48046-0575  
 Phone: (810) 791-3000  
 "SERVING MACOMB COUNTY LONGER  
 THAN ANY OTHER OLDSMOBILE DEALER"

*The Customer*

**CUSTOMER PAID REPAIRS ARE GUARANTEED (13) MONTHS OR 15,000 MILES, WHICHEVER COMES FIRST. THE FACTORY WARRANTY CONSTITUTES ALL OF THE WARRANTIES WITH RESPECT TO THE SALE OF THIS ITEM/ITEMS. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER WRITTEN OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. AND THE SELLER NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THIS ITEM/ITEMS.**

YR	MAKE/MODEL	LICENSE NO.	MILEAGE	SERVICE ADVISOR
92	Oldsmo/98 REG		39651	COPE
VEHICLE IDENTIFICATION NO		STOCK NO.	PREPARED BY	
1G3CW53L9N4309111		220005	COPE	
DELY DATE	SOLD BY	BILL TO CUST. NO.	ACCESS CODE	PAID BY METHOD
10-08-92	BOLEN	None	XXXXX	CHK
			ALTH BY	
			177	

RECEIVED	01-31-00	17:10:00
READY	02-02-00	16:47:24
PRINTED	02-02-00	17:18:15
CWR?	N	
P.O. NO./CHECK NO./CARD NO.		
CUSTOMER LABOR RATE	70.00	

OPERATION QTY	OF CODE PART NO.	TACH	TYPE	UNITS	UNIT LIST	UNIT NET	AMOUNT
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WFB: EXP DATE/MILES 10-08-92/ 36000 90 Ded/NO Rental

(A) Request: CUSTOMER STATES VEHICLE IS DIFFICULT TO MOVE FORWARD  
 Cause: VALVE BODY, REVERSE REACTION DRUM, CODE 31, PRNDL SWITCH  
 LABOR: CUSTOMER DECLINED REPAIRS

WDJTYCA	C-MX	70.00	70.00	70.00
Lic # M114477				
Fay # 300				
REQUEST TOTAL.....			70.00	

INITIAL ESTIMATE: PARTS .00 LABOR 70.00 TOTAL 70.00

LABOR TOTAL.....	70.00
PARTS TOTAL.....	.00
CP SUBTOTAL.....	70.00
-----	
Please Pay This Amount.....	70.00

**PAID**  
 FEB 02 2000  
*Chick*

Customer Signature [Redacted] Date 2/2/00

**PRECISION TRANSMISSION, INC.**  
 NO PERSONAL CHECKS ACCEPTED  
 150 NORTH WYOMING  
 MT. CLEMENS, MICHIGAN 48045  
 PHONE: (810) 469-8485

STATE REGISTRATION No. R36687

NAME: *James Clemens, Sr.*  
 DATE: *2-28-2000*  
 WAXEN SEALS:  YES  NO

YEAR: *92* MAKE & MODEL: *Oldsmobile* VEHICLE IDENTIFICATION: *4G3JG44294*

MILEAGE: *39,000* COLOR: *White* LIC. NO.: *463-7294* HOME NO.: *463-7294* WORK NO.: *04*

APPROX. ESTIMATED ACTUAL TIME AMOUNT AMOUNT

PARTS ARE NEW UNLESS INDICATED OTHERWISE	TOTAL PARTS
<i>145R</i>	<i>145R</i>
<i>10</i>	<i>80.00</i>
<i>OTS A/F</i>	

OUTSIDE REPAIRS OR NOTES

*lip seal replaced over piston*

*just water*

TOTAL OUTSIDE REPAIRS

Mechanic Name and Shop/Factory Number

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

1 *85* 2 *85*

YOU ARE ENTITLED BY LAW TO THE RETURN OF ALL PARTS REPLACED, EXCEPT THOSE WHICH ARE TOO HEAVY OR LARGE AND FIRST REQUIRED TO BE SENT BACK TO THE MANUFACTURER OR DISTRIBUTOR BECAUSE OF WARRANTY WORK OR AN EXCHANGE AGREEMENT YOU ARE ENTITLED TO INSPECT THE PARTS WHICH CAN NOT BE RETURNED TO YOU.

Authorized Increase Amt. of Increase Date Time Person Contacted BY (INIT)

FROM: \$ TO: \$

YOU ARE ENTITLED TO A COPY OF THIS ORDER AT THE TIME OF YOUR SIGNATURE.

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the car, truck or vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car, truck or vehicle to secure the amount of repair thereon.

CUSTOMER SIGNATURE: *Noted Prior Damages* Ft. End  Rt. Fend.  Rt. Door(s)  Lt.

ESTIMATED AMOUNT	ACTUAL AMOUNT	TOTAL LABOR	TOTAL PARTS	TOTAL
<i>3942</i>	<i>3942</i>	<i>85.00</i>	<i>85.00</i>	<i>170.00</i>
<i>300.00</i>	<i>300.00</i>	<i>145.00</i>	<i>145.00</i>	<i>290.00</i>
<i>8.70</i>	<i>8.70</i>	<i>8.70</i>	<i>8.70</i>	<i>17.40</i>
<i>3942</i>	<i>3942</i>	<i>85.00</i>	<i>85.00</i>	<i>170.00</i>
<i>300.00</i>	<i>300.00</i>	<i>145.00</i>	<i>145.00</i>	<i>290.00</i>
<i>8.70</i>	<i>8.70</i>	<i>8.70</i>	<i>8.70</i>	<i>17.40</i>
<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>

SALES TAX: *8.70*

TOTAL: *428.70*

CERTIFICATION - Above repairs properly performed

Fend.  Roof  Interior  Glass  Other