

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 335

Date Received

07-APR-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

859857

 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) _____ (located at front of windshield on driver's side)	Vehicle Make CHEVROLET TRU	Vehicle Model C20	Vehicle Year 1984	Current Odometer Reading
--	--------------------------------------	-----------------------------	-----------------------------	--------------------------

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____
--	---	---	--	--	--	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000 07464000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC POWER TRAIN:AXLE ASSEMBLY:SEAL:AXLE SHAFT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures 0	Date(s) of Failure(s) <u>07-APR-1990</u> Mileage at Failure(s) <u>120000</u> Vehicle Speed at Failure(s) <u>0</u>	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured 3	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
--	---	---------------------------------------	----------------------------------	---------------------------	---

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

FRONT SEAL LEAK CAUSED CAR TO NOT GO FOWARD OR BACKARDS. TOOK TO MECHANIC, AND THEY REBUILT THE TRANSMISSION. HAD TO HAVE IT REPLACED 3TIMES. CONSUMER FELT IT WAS THE FLUID DEXTRON 3 THAT WAS CAUSING THE PROBLEM. *AK

CONTINUED ON BACK (REVERSE)

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 Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 335 Date Received <u>07-APR-2000</u> Date of Report <u>07-APR-2000</u> Date of Inspection <u>07-APR-2000</u> Reference No. <u>859857</u> Work Number <u> </u> Home Number <u> </u>	
OWNER INFORMATION (Type or Print)			
[Redacted]		6D1724	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of <u> </u> provide your name and address to the vehicle manufacturer. Signature of Owner <u> </u> Date <u>05-01-00</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield (driver's side)) <u>2GCE025H9E4161430</u>		Vehicle Make CHEVROLET TRU	Vehicle Model C20
Vehicle Year 1984		Current Odometer Reading <u>unk</u>	
Purchase Date <u>1991</u>	Dealer's Name <u>unk</u>		Engine Size (CID/CC) <u>305</u>
☐ New ☒ Used	City <u>Fayetteville</u> State <u>NC</u> Zip Code <u>28301</u>		No Cylinders <u>8</u>
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No
Drive Train ☐ Front ☒ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☒ Van ☐ Minivan ☐ Other	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other <u>VAN</u>	☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 07300000 07484000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC POWER TRAIN:AXLE ASSEMBLY:SEAL:AXLE SHAFT <u>rear/broke</u>	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☒ Replacement
No of Failures 0	Date(s) of Failure(s) <u>07-APR-1998</u> Mileage at Failure(s) <u>120000</u> Vehicle Speed at Failure(s) <u>0</u>	Failed Part(s) Available? ☐ Yes ☒ No	NHTSA Previously Contacted? ☐ Yes ☒ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured 3	Number of Fatalities 0
Estimated Property Damage 1800		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
FRONT SEAL LEAK CAUSED CAR TO NOT GO FOWARD OR BACKWARD. TOOK TO MECHANIC, AND THEY REBUILT THE TRANSMISSION. HAD TO HAVE IT REPLACED 3TIMES. CONSUMER FELT IT WAS THE FLUID DEXTRON 3 THAT WAS CAUSING THE PROBLEM. *AK <u>Due to overheat transmission,</u> <u>brakes have functioned inadequate, brake line for rear brakes</u> <u>are inches from transmission due to DEXTRON III is not</u> <u>recommended. Although dealer ship technician when inquired</u> <u>rectified that DEXTRON III replaces DEXTRON II. ???</u>			
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.			

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.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* 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)

I have also asked parts and service centers for Auto and the same typical answers.

Then I asked why did change from II to III and what does E identify in a Dextron IIE generally E stand for experimental, but not II ATF. In my last review of Dextron III because it has no similarity to Dextron II ATF contents.

These so called mechanics have no idea what they are doing and auto parts house are creating very serious safety violation in recommending the wrong ATF. Dextron also has a very serious skin hazard.

U.S. Government Printing Office: 1985-423-300

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

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
Auto Safety Hotline, NEF-11 HL
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

