

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 333

Date Received

24-MAY-2000

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

Reference No.

862492

 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>(located at front of windshield on drivers side)</small><br><b>1G4HP52K1VH549009</b> | Vehicle Make<br><b>BUICK</b> | Vehicle Model<br><b>LESABRE</b> | Vehicle Year<br><b>1997</b> | Current Odometer Reading |
|----------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|-----------------------------|--------------------------|

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

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

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

|                              |                                                                                                                     |                                                                                                                                          |                                                                                             |
|------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>06400000</b> | Part Name(s)<br><b>FUEL-THROTTLE LINKAGES AND CONTROL</b>                                                           | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures               | Date(s) of Failure(s) <u>01-APR-2000</u><br>Mileage at Failure(s) <u>61000</u><br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input 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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

WHILE DRIVING ON HIGHWAY NOTICED VEHICLE WAS SURGING UP AND DOWN ON ITS OWN. TOOK IT TO A LOCAL MECHANIC THEY FOUND OUT THAT VEHICLE INDDDED SURGED, REPLACED CONTROL VALVE BODY ASSEMBLY.\*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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONALWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                       | <b>FOR AGENCY USE ONLY</b> 333<br><b>RECEIVED</b><br>JUL 13 AM 11:38<br>24-MAY-2000<br>OFFICE<br>DEFECTS INVESTIGATION                                                                                                                             |                                                                                                                                                                                                                           |
| U.S. Department of Transportation<br>National Highway Traffic Safety Administration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                       | Od_or _____<br>rt_dt _____<br>od_rt _____<br>up_itr _____<br>Reference No. 862492                                                                                                                                                                  |                                                                                                                                                                                                                           |
| <b>OWNER INFORMATION (Type or Print)</b><br><div style="background-color: black; width: 400px; height: 40px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 400px; height: 40px; margin-bottom: 5px;"></div> 610866                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                       | Work Number _____<br>Home _____                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |
| 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<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.<br>Signature of Owner _____ Date <u>6/10/2000</u>                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |
| Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Vehicle Make                                                                                                                                                                                                                                                                                                          | Vehicle Model                                                                                                                                                                                                                                      | Vehicle Year                                                                                                                                                                                                              |
| 1G4HP52K1VH549009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BUICK                                                                                                                                                                                                                                                                                                                 | LESABRE                                                                                                                                                                                                                                            | 1997                                                                                                                                                                                                                      |
| Purchase Date <u>1997</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Dealer's Name <u>SAMA BUICK LESABRE THE BOY</u>                                                                                                                                                                                                                                                                       | Engine Size (CID/CCL) _____                                                                                                                                                                                                                        | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                                                                              |
| <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | City <u>AVL</u> State <u>Ohio</u> Zip Code <u>44077</u>                                                                                                                                                                                                                                                               | No Cylinders <u>6</u>                                                                                                                                                                                                                              |                                                                                                                                                                                                                           |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                                                                             | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel |
| Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Body Style<br><input type="checkbox"/> Sport Util<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |
| Component <u>00400000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Part Name(s) <u>FUEL:THROTTLE LINKAGES AND CONTROL</u>                                                                                                                                                                                                                                                                | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Right<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear                                                                                                     | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                                                                                    |
| No. of Failures _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date(s) of Failure(s) <u>01-APR-2000</u><br>Mileage at Failure(s) <u>81000</u><br>Vehicle Speed at Failure(s) _____                                                                                                                                                                                                   | Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                      | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                      |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                           | Number of Persons Injured _____                                                                                                                                                                                                                    | Number of Fatalities _____                                                                                                                                                                                                |
| Estimated Property Damage _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                          |                                                                                                                                                                                                                           |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |
| WHILE DRIVING ON HIGHWAY NOTICED VEHICLE WAS SURGING UP AND DOWN ON ITS OWN. TOOK IT TO A LOCAL MECHANIC THEY FOUND OUT THAT VEHICLE INDDDED SURGED, REPLACED CONTROL VALVE BODY ASSEMBLY.*AK<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           LUBRICOL CORP<br/>           RESP TO<br/>           FIND THIS<br/>           ON TRANSMISSION<br/>           TESTS STAYED         </div> <div style="width: 65%;">           DEALERS HAD A MEMO ON HOW<br/>           TO FIX BUT NO ONE SENT THIS<br/>           TO OWNERS WHO'S CAR IT<br/>           EFFECTED (over)         </div> </div> |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |
| 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)

They kept saying bad fuel on ignition  
HAD TUNE UP & RECHECK AGAIN AFTER  
STOPPING AT A TRANSMISSION PLACE  
AGAIN COSTING ME MONEY

BOTH TUNE POINTED TO TRANSMISSION  
\$332.00 plus plus Transmission fluid \$15.00

179440

☆ U.S.G.P.O. 1992-523-807/50006

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



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

Since 1949  
**TONY LaRICHE**  
**CHEVROLET**

**2810 Bishop Road**

**WILLOUGHBY HILLS, OHIO 44092-2699**  
**(440) 585-9300**  
**1-888-TLC-CHEV**

**\*INVOICE\***

PAGE 1

SERVICE ADVISOR: 120 THERESA M STEFANIC

| COLOR     | YEAR | MAKE/MODEL    | VIN               | LICENSE | MILEAGE IN/ OUT | TAG     |           |
|-----------|------|---------------|-------------------|---------|-----------------|---------|-----------|
| LTBLUE    | 1997 | BUICK LESABRE | 1G4HP52K1VH549009 | BFS2185 | 61780/61787     | T433    |           |
| DEL DATE  |      | WARR EXP.     | PROMISED          | PO NO.  | RATE            | PAYMENT | INV. DATE |
| 01JAN1997 |      |               | 18:00 23MAY00     |         |                 | CASH    | 24MAY2000 |

|               |               |          |
|---------------|---------------|----------|
| R.O. OPENED   | READY         | OPTIONS: |
| 08:36 23MAY00 | 15:22 24MAY00 |          |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|------|--------|------|------|-------|------|-----|-------|
|------|--------|------|------|-------|------|-----|-------|

A CUST STATES THAT THE VEH SHUTTERS AFTER THE VEH IS AT OFF TEMP  
..PLEASE REPLACE VALVE BODY PER CUST REQUEST ..PART ALREADY IN  
PARTS UNDER CUST NAME

MISC SEE TECH'S COMMENTS BELOW...

288 CPC 6.50

1 24212571 VALVE REM

1 8644902 GASKET

1 8651925 GSKT KIT

1 24206433 FLTR KIT

6 ATF FLUID

|        |        |        |
|--------|--------|--------|
|        | 176.00 | 176.00 |
| 380.02 | 251.81 | 251.81 |
| 17.27  | 17.27  | 17.27  |
| 5.83   | 5.83   | 5.83   |
| 28.95  | 28.95  | 28.95  |
| 1.50   | 1.50   | 9.00   |

61787 6.5 REMOVE SIDE COVER REPLACE VALVE BODY PER CUSTOMER REQUEST

TRANS SERVICE ADVISE FLUID VERY DARK

\*\*\*\*\*

B LUBE/OIL/FILTER/CAR

LOFC LUBE/OIL/FILTER/CAR

288 CPCS 0.50

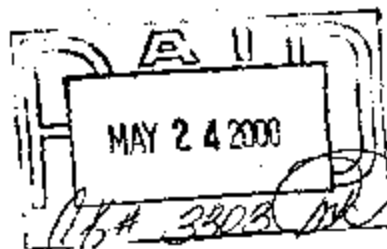
1 25010792 OIL FLTR

5 OIL BULK

|      |       |       |
|------|-------|-------|
|      | 15.20 | 15.20 |
| 7.00 | 7.00  | 7.00  |
| 1.15 | 1.15  | 5.75  |

61780 .5 LOF

\*\*\*\*\*



| ORIGINAL ESTIMATE #      |  |  |  | DESCRIPTION            | TOTALS |
|--------------------------|--|--|--|------------------------|--------|
| AUTHORIZED BY: X         |  |  |  | LABOR AMOUNT           | 191.20 |
| AUTHORIZED ADDITIONS (A) |  |  |  | PARTS AMOUNT           | 325.61 |
| ADDITIONS (B)            |  |  |  | GAS, OIL, LUBE         | 0.00   |
| ADDITIONS (C)            |  |  |  | SURLET AMOUNT          | 0.00   |
| ADDITIONS (D)            |  |  |  | HAZ. WASTE/SHOP SUPP.  | 0.00   |
| ADDITIONS (E)            |  |  |  | TOTAL CHARGES          | 516.81 |
|                          |  |  |  | LESS ADJUSTMENT/DEDUCT | 0.00   |
|                          |  |  |  | SALES TAX              | 29.71  |
|                          |  |  |  | PLEASE PAY THIS AMOUNT | 546.52 |

**CUSTOMER COPY**



**PHONE 585-1515**

29400 EUCLID AVE.  
WICKLIFFE, OH 44092

WICKLIFFE, OH 44092

[illegible]

**TOTAL PARTS**

2050

**ESTIMATES ARE FOR LABOR**

ESTIMATES ARE FOR LABOR ONLY. MATERIAL ADDITIONAL

I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate a heavy vehicle to process of inspection or delivery at my loss. An express mechanic's lien is acknowledged and approved by me. This authorization shall be valid for 30 days from the date of this signature.

**PAY THIS**

17 3.243

DATE 5/4/00

LICENSE NO. QFS-2145

MILEAGE 6406

| DATE     | AMOUNT   |
|----------|----------|
| 10/1/19  | 100.00   |
| 10/2/19  | 200.00   |
| 10/3/19  | 300.00   |
| 10/4/19  | 400.00   |
| 10/5/19  | 500.00   |
| 10/6/19  | 600.00   |
| 10/7/19  | 700.00   |
| 10/8/19  | 800.00   |
| 10/9/19  | 900.00   |
| 10/10/19 | 1000.00  |
| 10/11/19 | 1100.00  |
| 10/12/19 | 1200.00  |
| 10/13/19 | 1300.00  |
| 10/14/19 | 1400.00  |
| 10/15/19 | 1500.00  |
| 10/16/19 | 1600.00  |
| 10/17/19 | 1700.00  |
| 10/18/19 | 1800.00  |
| 10/19/19 | 1900.00  |
| 10/20/19 | 2000.00  |
| 10/21/19 | 2100.00  |
| 10/22/19 | 2200.00  |
| 10/23/19 | 2300.00  |
| 10/24/19 | 2400.00  |
| 10/25/19 | 2500.00  |
| 10/26/19 | 2600.00  |
| 10/27/19 | 2700.00  |
| 10/28/19 | 2800.00  |
| 10/29/19 | 2900.00  |
| 10/30/19 | 3000.00  |
| 10/31/19 | 3100.00  |
| 11/1/19  | 3200.00  |
| 11/2/19  | 3300.00  |
| 11/3/19  | 3400.00  |
| 11/4/19  | 3500.00  |
| 11/5/19  | 3600.00  |
| 11/6/19  | 3700.00  |
| 11/7/19  | 3800.00  |
| 11/8/19  | 3900.00  |
| 11/9/19  | 4000.00  |
| 11/10/19 | 4100.00  |
| 11/11/19 | 4200.00  |
| 11/12/19 | 4300.00  |
| 11/13/19 | 4400.00  |
| 11/14/19 | 4500.00  |
| 11/15/19 | 4600.00  |
| 11/16/19 | 4700.00  |
| 11/17/19 | 4800.00  |
| 11/18/19 | 4900.00  |
| 11/19/19 | 5000.00  |
| 11/20/19 | 5100.00  |
| 11/21/19 | 5200.00  |
| 11/22/19 | 5300.00  |
| 11/23/19 | 5400.00  |
| 11/24/19 | 5500.00  |
| 11/25/19 | 5600.00  |
| 11/26/19 | 5700.00  |
| 11/27/19 | 5800.00  |
| 11/28/19 | 5900.00  |
| 11/29/19 | 6000.00  |
| 11/30/19 | 6100.00  |
| 12/1/19  | 6200.00  |
| 12/2/19  | 6300.00  |
| 12/3/19  | 6400.00  |
| 12/4/19  | 6500.00  |
| 12/5/19  | 6600.00  |
| 12/6/19  | 6700.00  |
| 12/7/19  | 6800.00  |
| 12/8/19  | 6900.00  |
| 12/9/19  | 7000.00  |
| 12/10/19 | 7100.00  |
| 12/11/19 | 7200.00  |
| 12/12/19 | 7300.00  |
| 12/13/19 | 7400.00  |
| 12/14/19 | 7500.00  |
| 12/15/19 | 7600.00  |
| 12/16/19 | 7700.00  |
| 12/17/19 | 7800.00  |
| 12/18/19 | 7900.00  |
| 12/19/19 | 8000.00  |
| 12/20/19 | 8100.00  |
| 12/21/19 | 8200.00  |
| 12/22/19 | 8300.00  |
| 12/23/19 | 8400.00  |
| 12/24/19 | 8500.00  |
| 12/25/19 | 8600.00  |
| 12/26/19 | 8700.00  |
| 12/27/19 | 8800.00  |
| 12/28/19 | 8900.00  |
| 12/29/19 | 9000.00  |
| 12/30/19 | 9100.00  |
| 12/31/19 | 9200.00  |
| 1/1/20   | 9300.00  |
| 1/2/20   | 9400.00  |
| 1/3/20   | 9500.00  |
| 1/4/20   | 9600.00  |
| 1/5/20   | 9700.00  |
| 1/6/20   | 9800.00  |
| 1/7/20   | 9900.00  |
| 1/8/20   | 10000.00 |
| 1/9/20   | 10100.00 |
| 1/10/20  | 10200.00 |
| 1/11/20  | 10300.00 |
| 1/12/20  | 10400.00 |
| 1/13/20  | 10500.00 |
| 1/14/20  | 10600.00 |
| 1/15/20  | 10700.00 |
| 1/16/20  | 10800.00 |
| 1/17/20  | 10900.00 |
| 1/18/20  | 11000.00 |
| 1/19/20  | 11100.00 |
| 1/20/20  | 11200.00 |
| 1/21/20  | 11300.00 |
| 1/22/20  | 11400.00 |
| 1/23/20  | 11500.00 |
| 1/24/20  | 11600.00 |
| 1/25/20  | 11700.00 |
| 1/26/20  | 11800.00 |
| 1/27/20  | 11900.00 |
| 1/28/20  | 12000.00 |
| 1/29/20  | 12100.00 |

[illegible]

97 Buck

### DESCRIPTION OF WORK

[illegible][illegible][illegible]

|            |      |
|------------|------|
| LABOR ONLY | 135K |
|------------|------|

|       |      |
|-------|------|
| PARTS | 7750 |
|-------|------|

|     |      |
|-----|------|
| TAX | 1145 |
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|       |       |    |
|-------|-------|----|
| TOTAL | → 210 | 15 |
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Document ID # 538154

## VEHICLE SURGE(REPLACE CONTROL VALVE BODY ASSEMBLY) #87-71-75

**SUBJECT: VEHICLE SURGE (REPLACE CONTROL VALVE BODY ASSEMBLY)**

**MODELS: 1997 BUICK LESABRE 1997 OLDSMOBILE EIGHTY-EIGHT 1997 PONTIAC BONNEVILLE WITH 3.8L ENGINE (VIN K - RPO L36) AND HYDRA-MATIC 4T60-E TRANSAXLE/TRANSMISSION (RPO M13)**

**CONDITION:** (SEE FIGURE 1) SOME OWNERS MAY COMMENT ON THE VEHICLE SURGING AT 72 TO 89 KM/H (45 TO 55 MPH) WITH TCC APPLIED UNDER A SLIGHT LOAD. TO VERIFY THE ABOVE CONDITION, PERFORM THE FOLLOWING TEST: DUPLICATE THE CONDITION AND NOTE THE TCC SLIP ON THE TECH II. THE SLIP WILL RANGE BETWEEN 50-150 RPM. NEXT, COMMAND THE TCC ON WITH THE TECH II. THE DUTY CYCLE SHOULD READ 99% AND THE VEHICLE SURGING CONDITION SHOULD NO LONGER BE EVIDENT. IF THE ABOVE TWO (2) PARAMETERS ARE MET, PROCEED WITH THE CORRECTION LISTED BELOW.

### CAUSE:

A MAJORITY OF CAUSES FOR THE CONDITION MAY BE DUE TO AN OVERSIZE CONDITION IN THE TCC REGULATOR VALVE LINE-UP.

**CORRECTION:** (SEE FIGURE 2) TO REPAIR THIS CONDITION, REPLACE THE CONTROL VALVE BODY ASSEMBLY. THIS ASSEMBLY WILL INCLUDE A TCC REGULATOR VALVE LINE-UP THAT IS NOT OVERSIZED.

TO REPLACE THE CONTROL VALVE BODY ASSEMBLY, REFER TO SECTION 7 OF THE SERVICE MANUAL.

### SERVICE PARTS INFORMATION:

TRANSMISSION PART NUMBERS MODEL DESCRIPTION -----  
24212569 7ACW OR 7EXW CONTROL VALVE BODY ASSEMBLY 24212571 7ASW  
CONTROL VALVE BODY ASSEMBLY

PARTS ARE EXPECTED TO BE AVAILABLE OCTOBER 19, 1998.

### WARRANTY INFORMATION:

FOR VEHICLES REPAIRED UNDER WARRANTY, USE

LABOR CODE: K6570 LABOR TIME: 3.5 HOURS

FIGURES: 02 ATTACHMENTS: 00

Figure 1

Figure 2

GENERAL MOTORS BULLETINS ARE INTENDED FOR USE BY PROFESSIONAL TECHNICIANS, NOT A "DO-IT-YOURSELFER". THEY ARE WRITTEN TO INFORM THOSE TECHNICIANS OF CONDITIONS THAT MAY OCCUR ON SOME VEHICLES, OR TO PROVIDE INFORMATION THAT COULD ASSIST IN THE PROPER SERVICE OF A VEHICLE. PROPERLY TRAINED TECHNICIANS HAVE THE EQUIPMENT, TOOLS, SAFETY INSTRUCTIONS AND KNOW-HOW TO DO A JOB PROPERLY AND SAFELY. IF A CONDITION IS DESCRIBED, DO NOT ASSUME THAT THE BULLETIN APPLIES TO YOUR VEHICLE, OR THAT YOUR VEHICLE WILL HAVE THAT CONDITION. SEE A GENERAL MOTORS DEALER SERVICING YOUR BRAND OF GENERAL MOTORS VEHICLE FOR INFORMATION ON WHETHER YOUR VEHICLE MAY BENEFIT FROM THE INFORMATION.

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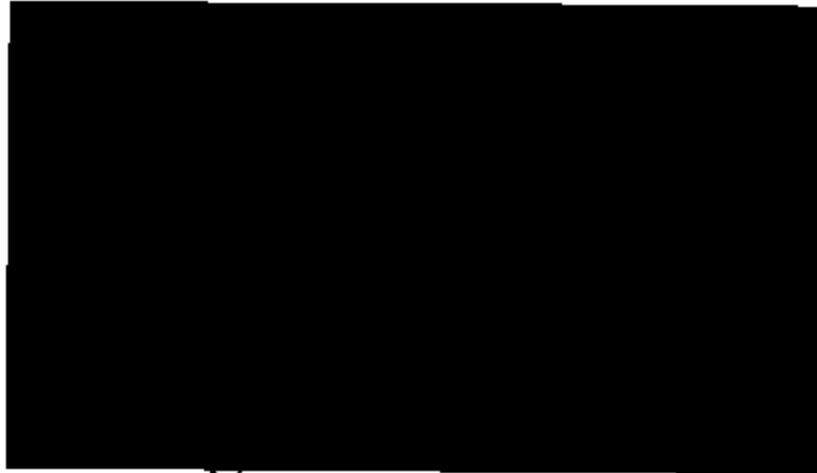
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Document ID # 538154

FAX

To Brita Jackson



Ref. 1997 Lesabre transmission problem  
Can I Collect on repairs? Why wasn't I  
informed of thi sbefore the said problem  
developed.

902-493-2637  
Consent