

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

119

Date Received

11-JUL-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

865162

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 bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GB7P37N43313120	WINNEBAGO	VECTRA	1995	

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

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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side 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 Utility Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt				<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

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

Component 07300000	Part Name(s) POWER TRAIN: TRANSMISSION: AUTOMATIC	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 00 Vehicle Speed at Failure(s) _____	Failed Part(s) Available?   Yes   No	NHTSA Previously Contacted?   Yes   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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

VEHICLE IS ON A CHEVROLET P30 CHASSIS: WHEN PLACING VEHICLE IN REVERSE THE AUTOMATIC TRANSMISSION PARK MECHANISM ENGAGED, PREVENTING ANY VEHICLE MOVEMENT. CONSUMER HAS CONTACTED THE DEALER, DEALER UNABLE TO DETERMINE THE CAUSE. PLEASE PROVIDE ANY FURTHER DETAILS.\*AK

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.

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 00 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> 119</p> <p><del>DATE RECEIVED</del></p> <p style="font-size: 1.2em;">AUG -1 AM 11:05</p> <p style="font-size: 0.8em;">11-JUL-2000 OFFICE</p> <p style="font-weight: bold;">DEFECTS INVESTIGATION</p>					
	<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>					
<p><b>OWNER INFORMATION (Type or Print)</b></p>						
	619722					
<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 your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date <u>07/13/00</u></p>						
<p><b>VEHICLE INFORMATION</b></p>						
<p>Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small></p> <p>1GB7P37N43313120</p>	<p>Vehicle Make</p> <p>WINNEBAGO</p>	<p>Vehicle Model</p> <p>VECTRA</p>	<p>Vehicle Year</p> <p>1995</p>	<p>Current Odometer Reading</p> <p style="font-size: 1.2em;">33,700</p>		
<p>Purchase Date</p> <p>Dec '97</p>	<p><b>OWNER'S Dealer's Name</b> <u>Richard ZENTGRAF</u></p>		<p>Engine Size (CID/CC/L)</p> <p>No Cylinders <u>8</u></p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>		
<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>City _____ State _____ Zip Code _____</p>				
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Other</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other</p> <p style="font-weight: bold;">MOTORHOME</p>
<p><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 type="checkbox"/> Right <input type="checkbox"/> Front <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>Date(s) of Failure(s) <u>April '99 Aug '99 &amp; ever since</u></p> <p>Mileage at Failure(s) <u>9,000</u></p> <p>Vehicle Speed at Failure(s) <u>0-5 mph</u></p>	<p>Failed Part(s) Available?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p><b>APPLICATION INCIDENT INFORMATION</b></p> <p><small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</small></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 style="font-size: 1.5em;">0</p>	<p>Number of Fatalities</p> <p style="font-size: 1.5em;">0</p>	<p>Estimated Property Damage</p> <p style="font-size: 1.5em;">0</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p>						
<p>VEHICLE IS ON A CHEVROLET P30 CHASSIS: WHEN PLACING VEHICLE IN REVERSE THE AUTOMATIC TRANSMISSION PARK MECHANISM ENGAGED, PREVENTING ANY VEHICLE MOVEMENT. CONSUMER HAS CONTACTED THE DEALER, DEALER UNABLE TO DETERMINE THE CAUSE. PLEASE PROVIDE ANY FURTHER DETAILS. *AK <u>repaired the CAM mechanism twice (2dealers).</u></p> <p><u>INTERMITTENTLY WILL LOCKUP (NOT RELEASE DRIVE TRAIN) WHEN PLACED IN REVERSE. SEVERAL OTHER REPAIR ATTEMPTS UN-SUCCESSFUL. HAVE RESORTED TO/INSTALLED A DASH MOUNTED "BYPASS" SWITCH TO OVER-RIDE SYSTEM TO ALLOW SHIFT</u> →</p>						
<p>CONTINUE ON BACK IF NEEDED</p>						
<p>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</p>						

