

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 118

Date Received

02-AUG-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

866576

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
1G1JF12D3S7211849	CHEVROLET	CAVALIER	1995	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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 checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertial <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 Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <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 2	Date(s) of Failure(s) 10-MAY-2000 Mileage at Failure(s) 51490 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 <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)

WHILE MAKING A LEFT TURN, ALL OF A SUDDEN VEHICLE WOULD NOT SHIFT. AFTER VEHICLE WAS TAKEN TO AAMCO, A MECHANIC FOUND OUT THAT TRANSMISSION SNAPPED IN HALF. REPAIRS WERE DONE AT OWNER'S EXPENSE. VEHICLE WAS BROUGHT TO THE DEALERSHIP FOR THIS PROBLEM AT 24,000 MILE, ON 08/11/97. DEALER COULD NOT FIND A PROBLEM WITH VEHICLE. PLEASE LIST ANY OTHER SAFETY CONCERNS. *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.



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FOR AGENCY USE ONLY 118
Date Received: 02-AUG-2000
Reference No.: 886576
Work Number: 624393
Home Number: [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of your signature, this report will be sent to the manufacturer of your vehicle.
Signature of Owner: [Redacted] Date: 7/14/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side): 1G1JF12D3S7211849
Vehicle Make: CHEVROLET
Vehicle Model: CAVALIER
Vehicle Year: 1995
Current Odometer Reading: [Redacted]

Purchase Date: [Redacted]
Dealer's Name: Barton/Dicks
City: Newburgh, State: NY, Zip Code: 12550
Engine Size: (CID/CYL) 2.3L
No Cylinders: 4
Fuel Injection: Gas Diesel Turbo

Transmission Type: Manual Automatic
Antilock Brakes: Yes No
Rearrest System: 3-Point Belt Motorbelt 2-Point Belt Passenger-side Airbag
Cruise Control: Yes No
Drive Train: Front Rear 4-wheel
Vehicle Type: Car Van Minivan Other
 Sport UK Truck Motorcycle
Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION
Component: 07300000
Part Name(s): POWER TRAIN-TRANSMISSION: 5 Speed ISUZU Transm
Location: Front Left Right Rear
Failed Part(s): Original Replacement

No. of Failures: 2
Dates of Failure(s): 10-MAY-2000
Mileage at Failure(s): 51490
Vehicle Speed at Failure(s): 10 mph
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
Fire	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Number of Persons Injured	0
Number of Fatalities	0
Estimated Property Damage	0
Reported to Police	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WHILE MAKING A LEFT TURN, ALL OF A SUDDEN VEHICLE WOULD NOT SHIFT. AFTER VEHICLE WAS TAKEN TO AMCO, A MECHANIC FOUND OUT THAT TRANSMISSION SNAPPED IN HALF. REPAIRS WERE DONE AT OWNERS EXPENSE. VEHICLE WAS BROUGHT TO THE DEALERSHIP FOR THIS PROBLEM AT 24,000 MILE. ON 08/11/97, DEALER COULD NOT FIND A PROBLEM WITH VEHICLE. PLEASE LIST ANY OTHER SAFETY CONCERNS. AK
TOTAL LOSS OF POWER AFTER CAR
I was making a left hand turn, to slow down I had to brake, I could not shift. This caused the car to stall out I had limited steering or brake power I had to pull over. I would have caused a major accident if I had not pulled over. I would have caused a major accident if I had not pulled over. I would have caused a major accident if I had not pulled over.

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