



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 231	
Data Received	Ocl_or _____ rt_dt _____ od_rt _____ up_ltr _____
31-OCT-2000	Reference No. 874227

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 drivers side)</small>	Vehicle Make CHEVROLET TRUI	Vehicle Model ASTRO	Vehicle Year 1997	Current Odometer Reading		
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 type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____		No. Cylinders _____			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input checked="" 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 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"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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

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

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

WHILE TRAVELING AND WITHOUT ANY INDICATION VEHICLE LOST FIRST GEAR THAN FOURTH GEAR WAS LOST. PLESE PROVIDE FURTHER INFORMATION.*AK

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.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

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FOR AGENCY USE ONLY 231

Date Received

NOV 22 11:25
31-OCT-2000
OFFICE
EFFECTS INVESTIGATION

Ord. or
ft. dt
od. nr
up. nr

Reference No.

874227

OWNER INFORMATION (Type or Print)

652144

Work Number

Home Number

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 include your name and address to the vehicle manufacturer.

Signature of Owner

Date 11/9/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 16EDM19W3V0172554	Vehicle Make CHEVROLET TRU	Vehicle Model ASTRO	Vehicle Year 1997	Current Odometer Reading 57,210
Purchase Date 4/23/97	Dealer's Name BOB BELL CHEVROLET NISSAN		Engine Size (CID/CC/L) 4.3L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City BALTIMORE	State MD	Zip Code 21224	No. Cylinders 6

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Anti-lock Brakes <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <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 CARGO VAN
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300800	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 10/22/00	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Mileage at Failure(s) 56,367		
	Vehicle Speed at Failure(s) 20 MPH		

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 TRAVELING AND WITHOUT ANY INDICATION VEHICLE LOST FIRST GEAR THAN FOURTH GEAR WAS LOST. PLESE PROVIDE FURTHER INFORMATION.*AK

FINALLY LOST REVERSE

CONTINUE ON BACK IF NEEDED

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I hereby authorize the repair work listed herein, including sublet work, to be done along with necessary materials. You and your employees may operate the described vehicle for purposes of testing, inspection or delivery at my risk. An express lien is acknowledged on said vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. Customer agrees to pay all collection costs and/or attorney's fees in the event default is made in any payment due. If automobile is returned to customer without repair service being performed, a diagnostic and handling charge (including reassembly) will be made.

**JENNINGS
EMISSIONS**

601 EASTERN BLVD.
ESSEX, MD 21221
PHONE 301-686-6700
FAX 301-686-1966

NAME, ADDRESS, CITY, STATE, ZIP CODE

YEAR/MAKE

MILEAGE

PURCHASE ORDER

97 CHEVY

56367

LICENSE NUMBER

CONTACT:

AD CODE

WR/F

152838

R

MODEL

COLOR

WRITTEN BY

ASTRO

GREEN

DX

VEHICLE PROBLEM STATEMENT

CHECK TRANS FOR NOISE & OPERATION, ROAD TEST SHOWED NO REV & SHIFTS 1-3 NEUTRALS OUT 3-2 REACTION SHELL FAILED AT THE WELDS. INSTALL FACTORY EXCH

PLAT	EST.	OPERATIONS	PRICE
ELEC	BK	DIAGNOSE AND SCAN ELECTRONICS	35.00
RT	LZ	REMOVE 4L60E TRANSMISSION	120.60
RT	LZ	TRANSFER NECESSARY ITEMS TO	38.40
RT	LZ	REPLACEMENT EXCH FACTORY TRANS	0
RT	LZ	POWERFLUSH COOLER LINES & TUBE	0
RT	LZ	INSTALL 4L60E TRANSMISSION	120.60
RT	BK	RESCAN & CLEAR CODES	0
RT	BK	FINAL QUALITY CONTROL INSPECT.	0

RECOMMENDED SERVICE

ESTIMATE OF REPAIRS: Includes all parts, labor, handling and diagnosis. If on shop analysis it is found that additional repairs are necessary, you will be contacted for authorization.

TOTAL LABOR

314.60

Parts installed are not warranted beyond that given by respective manufacturers. No other warranties are made except as listed on this invoice.

C	QTY	PART NUMBER	PART DESCRIPTION	AMOUNT	C	QTY	PART NUMBER	PART DESCRIPTION	AMOUNT
R	1	24207584	FACTORY REMAN 4L60E	1523.95					
N	10	ATF	TRANSMISSION FLUID	22.80					
N	1	Z1	*****WARRANTY*****	0					
N	1		3 YRS OR 50,000 MILE	0					
N	1		THRU GM	0					
N	1		SEE BOOKLET	0					
N	1	ZZ	*****	0					

Handwritten: Paid check # 4805 10/24/00

C=CODE N=NEW R=REBUILT U=USED C=REFUNDABLE CORR DEPOSIT

I acknowledge notice and oral approval of an increase in the original estimated price

SIGNATURE OR INITIALS

PHONE AUTHORIZATION

DATE

EMPLOYEE NO

TIME

AMOUNT OF NEW ESTIMATE

1:

0

2:

0

SUBLET

0

LABOR

314.60

SUPPLIES

0

PARTS

1546.75

DATE

10/24/00

TOTAL TAX

77.34

R.O. NUMBER

46453

TOTAL

1938.69

DONE

CALLED

SAVE YES

PARTS: NO