 U.S. Department of Transportation National 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 284	
	Date Received 09-JAN-2001	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____	Reference No. 877737
OWNER INFORMATION (Type or Print)		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 provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1G1JF52T9T7188951	Vehicle Mak CHEVROLET	Vehicle Model CAVALIER	Vehicle Year 1996	Current Odometer Reading
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Siz (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 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 <input type="checkbox"/> Truck		

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
No of Failures 2	Date(s) of Failure(s) 09-JAN-2001 Mileage at Failure(s) 104 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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)

WHEN DRIVER WENT TO ACCELERATE TRANSMISSION FAILED. THIS IS SECOND TRANSMISSION IN VEHICLE. DEALER HAS BEEN NOTIFIED. PLEASE PROVIDE FURTHER DETAILS. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to a 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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 284				
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline				
OWNER INFORMATION (Type or Print) [Redacted]		Date Received 01 FEB -2 09 9:00 09-JAN-2001 OFFICE DEFECTS INVESTIGATION				
665665		Reference No. 877737				
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
Signature of Owner [Redacted]		Date 1/20/01				
VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G1JF52T9T7188951		Vehicle Make CHEVROLET	Vehicle Model CAVALIER	Vehicle Year 1996	Current Odometer Reading 103,775	
Purchase Date APR 96	Dealer's Name BROTHERS CHEVROLET		Engine Size (CID/CC) 2.4	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	<input type="checkbox"/> No Cylinders 4	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City WOLWICH State ME Zip Code 04579		<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" 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"/> 2-Door <input checked="" 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"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement		
No of Failures 2	Date(s) of Failure(s) 09-JAN-2001 Mileage at Failure(s) 58,860 Vehicle Speed at Failure(s) 20 MPH		Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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)						
WHEN DRIVER WENT TO ACCELERATE TRANSMISSION FAILED. THIS IS SECOND TRANSMISSION IN VEHICLE. DEALER HAS BEEN NOTIFIED. PLEASE PROVIDE FURTHER DETAILS. *AK FIRST TRANSMISSION FAILED AT 44,673 MILES ALSO WHILE ACCELERATING. SECOND TRANSMISSION FAILED AT 58,860. I HAVE CALLED THE CHEVROLET CUSTOMER ASSISTANCE CENTER						
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.						

