



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 125

Date Received

08-MAR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

882446

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make CHEVROLET	Vehicle Model LUMINA	Vehicle Year 1998	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (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 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 Util <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 Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07460000	Part Name(s) POWER TRAIN:AXLE ASSEMBLY	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 Failure	Date(s) of Failure(s) _____ Mileage 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 Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------	----------------------	--------------------------	-------------------------------------------------------------------------------------------

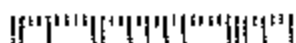
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WILL NOT PICK UP SPEED AND CANNOT GO INTO LOWER GEARS DUE TO A PROBLEM WITH TRANSAXLE. PLEASE GIVE ANY FURTHER DETAILS.*AK

CONTINUED ON 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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 125	
 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)		Date Received 08-MAR-2001	Od_or rj_pt od_ft up_llr
[REDACTED] 679086		Reference No. 882446	
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 3/17/01	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) [REDACTED]	Vehicle Make CHEVROLET	Vehicle Model LUMINA	Vehicle Year 1998
			Current Odometer Reading 44573
Purchase Date 7/19/99	Dealer's Name CURTIS CHEVROLET		Engine Size (CID/CC/L) 3800
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	City WASHINGTON State DC Zip Code 20011		No Cylinders 6
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" 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	Chruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> Other
			Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 3-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 07460000	Part Name(s) POWER TRAIN:AXLE ASSEMBLY	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 02-4-01 Mileage at Failure(s) 44265 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 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 ONE	Number of Fatalities ONE
		Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE WILL NOT PICK UP SPEED AND CANNOT GO INTO LOWER GEARS DUE TO A PROBLEM WITH TRANSAXLE. PLEASE GIVE 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.			



U.S. Department of Transportation
 National Highway Traffic Safety Administration
 Information Management Staff NSA-10-01
 400 7th Street, SW
 Washington, DC 20590

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

BUSINESS REPLY MAIL
 FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

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



U.S. G.P.O. MAIL PERMIT NO. 10000

CAR PURCHASED IN JULY 1999. AUG '99, I INFORMED DEALER OF SLOW SANDY SLUGGISHNESS - (1) SERVICE MGR ATTRIBUTED IT TO MOISTURE IN FUEL SYSTEM CAR PARKED FOR LONG R/H SLEETS, DRAVERY ETC. AT 3300 MILES, PROBLEM GOT WORST, I COMPLAINED BUT (2) SERVICE WAS DONE TO FINE TUNE THE CAR BUT IT DID NOT CORRECT THE TRANSMISSION PROBLEM OF SLOW ACCELERATION & BAD LOW GEAR. FEB 2000, I DROVE TO ACROSSING, STOPPED, YIELD, GOT A CLEARED ROAD TO CROSS, WHEN I STEPPED ON GEAR TO CROSS THE CAR STALLED IN THE INTERSECTION, AND I WAS HIT BY ONE OF THE CARS CROSSING, SUSTAINED HEAD INJURIES \$50 WAS THE OTHER DRIVER THAT HIT ME. I BROUGHT THE CAR TO GM DEALER, I TALK TO GM CUSTOMER SERVICE BUT WAS NOT LISTEN TO NOR WAS I ALIENATED OF THE PROBLEM OF BAD TRANSMISSION OF A NEW CAR WITH ONLY 444,000 AND 1/2 YEAR USAGE. PLEASE INVESTIGATE THIS PROPERLY. INSURANCE FIRMS CAN TELL MORE THIS LTZ CAR - POLICE V6 ENGINE AND TRANSMISSION 4460T.HP

NEW CHEVROLET LUMINA LTZ 1998-3800

NARRATIVE DESCRIPTION (CONTINUED)

* 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.

DOT									
MANUFACTURER/TIRE NAME									
SIZE									

TIRE IDENTIFICATION NO. *

INFORMATION ON TIRE FAILURES (IF APPLICABLE)

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail