



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 §20

Date Received

22-JUN-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

891017

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	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNEL19W4VB141814	CHEVROLET TRUCK	ASTRO	1997	

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 Injectio
<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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input checked="" 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"/> 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 type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) 01-JUN-2000 89365 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 0	Number of Fatalities 0	Estimated Property Damag	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)

AFTER DRIVING FOR AN EXTENDED PERIOD OF TIME TRANSMISSION WOULD SHIFT VIOLENTLY THROUGH LOWER GEARS. DEALERSHIP CONTINUED TO INFORM CONSUMER THAT A TSB (TECHNICAL SERVICE BULLETIN) WOULD BE RELEASED FOR THIS PROBLEM. HOWEVER, TRANSMISSION FAILED, AND NEEDED TO BE REPLACED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. *AK

CONTINUE 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.



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

920

Date Received 22-JUN-2001

01 JUL 11 09 3: 22-JUN-2001
Or FICE

Od_or _____
n_dt _____
bu_rt _____
up_ltr _____

DEFECTS INVESTIGATION

Reference No.

891017

Work Number

Home Number

OWNER INFORMATION (Type or Print)

698573

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an authorized signature, please print your name and address to the vehicle manufacturer.

Signature of Owner

Date 7/3/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at top of windshield on driver's side) 1GNEL19W4VB141814 Vehicle Make CHEVROLET TRU Vehicle Model ASTRO Vehicle Year 1997 Current Odometer Reading _____

Purchase Date _____ Dealer's Name Fisher Bros. Chevrolet Engine Size (CID/CC/L) 4.3L Turbo Diesel Gas Fuel Injection
 New Used City Mahopac State Ny Zip Code 10541 No Cylinders 6

Transmission Type Manual Automatic Antilock Brakes Yes No Restraint System 3-Point Belt Motorbelt Driverside Airbag 2-Point Belt Passengerside Airbag Cruise Control Yes No Drive Train Front Rear 4-Wheel Vehicle Type Car Sport Util Van Truck Minivan Motorcycle Other Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other 3 DR

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000 Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC Location Left Right Front Rear Failed Part(s) Original Replacement

No of Failures _____ Date(s) of Failure(s) 07-JUN-2000 Mileage at Failure(s) 89065 Vehicle Speed at Failure(s) 30 MPH Failed Part(s) Available? Dealer has it 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 No Fire Yes No Number of Persons Injured 0 Number of Fatalities 0 Estimated Property Damage NONE Reported to Police Yes No

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

AFTER DRIVING FOR AN EXTENDED PERIOD OF TIME TRANSMISSION WOULD SHIFT VIOLENTLY THROUGH LOWER GEARS. DEALERSHIP CONTINUED TO INFORM CONSUMER THAT A TSB (TECHNICAL SERVICE BULLETIN) WOULD BE RELEASED FOR THIS PROBLEM. HOWEVER, TRANSMISSION FAILED, AND NEEDED TO BE REPLACED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. *AK

CONTINUE ON BACK IF NEEDED

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