



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

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

RECEIVED  
09 FEB 21 10:08:03  
30-DEC-2002

Repository   
Reference No.  
10001644

OWNER INFORMATION (Type or Print)			DEFECTS INVESTIGATION	
Name	[REDACTED]		Daytime Telephone Number	E-mail Address
Address	[REDACTED]		[REDACTED]	[REDACTED]
City	State	Zip Code	Evening Telephone Number	
WAYLAND	MA	[REDACTED]	SAME	N/A

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 1/20/03

VEHICLE INFORMATION			
PLEASE PROVIDE	Model	Model Year	
1GHDY03E92D211837	OLDSMOBILE	SILHOUETTE	2002
Date Purchased	Dealer's Name and Telephone Number	Engine No. Cylinders	Fuel Type
4/1/03	[REDACTED]	6	GAS
Original Owner	Dealer's City	State	Zip Code
<input checked="" type="checkbox"/>	FRANKLIN	MA	[REDACTED]
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code
AUTO	<input checked="" type="checkbox"/> Cruise Control	FWD	221300 SEATS:FRONT ASSEMBLY;HEAD RESTRAINT
Multiple Failure:			

FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s)	Failure Mileage	Failure Speed	
12-DEC-2002			

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE		
Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE		
Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION				
<i>(Please describe in detail the incident(s), failure(s), condition(s), and injury(ies).)</i>				
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			N

Narrative Description of Incident(s), Crash(es), and Injury (ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER STATED THAT WHILE DRIVING THEY ARE UNABLE TO SEE THE REAR OF THE VEHICLE DUE TO THE HEAD RESTRAINTS BEING TOO HIGH. DEALER NOTIFIED. TS (BACKING)

WHEN BACKING, DRIVER'S HEAD RESTRAINT BLOCKS VIEW TO THE REAR AND TO THE LEFT SIDE. WHEN IN A PARKING LOT THE FEAR OF HITTING SOMEONE OR SOMETHING IS TREMENDOUS. OVER

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

MY INTENTION WAS TO GET D.O.T. PERMISSION TO  
HAVE THE DRIVER SIDE HEAD RESTRAINT REMOVED  
PLEASE RE MIT

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



ATTACH ADDITIONAL SHEETS IF NECESSARY  
U.S. POSTAL SERVICE



189  
**SPIRIT**  
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

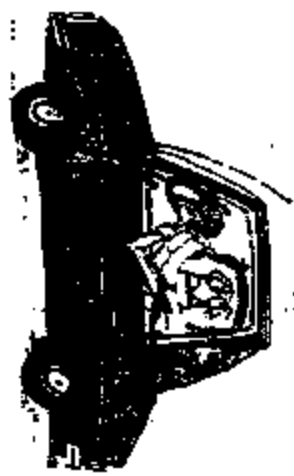
**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DO**

**1-888-327-4236**

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(DASH) & DOT



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