



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

FDR AGENCY USE ONLY 100083

Date Received: **RECEIVED**  
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**DEFECTS INFORMATION**  
OFFICE

Daytime Telephone Number: [Redacted]  
Evening Telephone Number: [Redacted]

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: FLUSHING State: MI Zip Code: [Redacted]

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: \_\_\_\_\_ Date: / /

**VEHICLE INFORMATION**

Make: OLDSMOBILE	Model: SILHOUETTE	Model Year: 2000
Date Purchased:	Dealer's Name and Telephone Number:	Engine No: Cylinders:
Original Owner: <input type="checkbox"/>	Dealer's City:	Fuel Type: Gas
Transmission Type: <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain:	Vehicle Component Code: 150000 SEAT BELTS
Multiple Failure:		

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s):	Failure Mileage:	Failure Speed:
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**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 <input type="checkbox"/> 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**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

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 Deaths:	Reported to Police: N
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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).

THE DRIVER'S SIDE SEAT BELT IS BROKEN. ALSO, THE VEHICLE HAD A ELECTRICAL SHORT WHICH CAUSED THE AIR BAG LIGHT TO COME ON. DEALER WAS CONTACTED AND STATED THAT THE VEHICLE WAS OUT OF WARRANTY AND THAT THERE WAS NOTHING THAT THEY CAN DO ABOUT IT. PH

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.