



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-CAR (1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 120

Date Received

2003 OCT  
02-JUL-2003

Repository

Reference No.

10022051

#### OWNER INFORMATION (Type or Print)

Name

Address

City

OAKLAND

State

CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an answer, your name and address to the vehicle manufacturer.

YES  NO

Signature of Owner

Date 7.11.03

#### VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G1C1G1340422

Make

OLDSMOBILE

Model

98

Model Year

1986

Date Purchased

11/1996

Dealer's Name and Telephone Number

Hayward

Engine

No. Cylinders

6

Fuel Type:

Reg.

Original Owner

Dealer's City

Hayward

State

CA

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

030000 SERVICE BRAKES, HYDRAULIC

(Multiple Failure: 1)

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

Incident Date(s)

02-JULY-2003

Failure Mileage

Failure Speed

#### 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)

Original Equipment

Prior Repair

Failure Location:

Tire Component Code

The 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

Yes  No

Fire

Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

BRAKES DO NOT WORK PROPERLY, THEY FEEL VERY SPONGY IN THE MORNING. HAS NOT HAD ANY ACCIDENTS YET, BUT IS AFRAID. ALSO, VEHICLE HAS NOT BEEN CHECKED OUT BY A MECHANIC. \*AK

*Vehicle checked out by mechanic  
brakes fixed, still not stopping  
when first start in the morning*

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.