 DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 241 Date Received: 04-20-2004 30 Repository: <input type="checkbox"/> Reference No.: 10087167	
U.S. Department of Transportation National Highway Traffic Safety Administration		Daytime Telephone Number: [REDACTED] Evening Telephone Number: [REDACTED] E-mail Address: [REDACTED]	
<b>OWNER INFORMATION (Type or Print)</b>			
Name: [REDACTED]		City: LINENBURG	
Address: [REDACTED]		State: MA	
City: LINENBURG		Zip Code: [REDACTED]	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Signature of Owner: [REDACTED]		Date: 4/1/04	
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G3HN62K7SH [REDACTED]		Make: OLDSMOBILE	Model Year: 1996
Date Purchased:	Dealer's Name and Telephone Number:	Engine No: Cylinders 6	Fuel Type: Gas
Original Owner: <input type="checkbox"/>	Dealer's City:	State:	Zip Code:
Transmission Type: AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes	Power Train: FRONT WHEEL DRIVE	Vehicle Component Code: 141000 AIR BAGS:FRONTAL
<input checked="" type="checkbox"/> Cruise Control			Multiple Failure: 1
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Incident Date(s): 27-APR-2004	Failure Mileage: 66721	Failure Speed: 46	Failure Location: [REDACTED]
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
Tire Make:	Tire Model (Name or Number):	Tire Size (Example P215/55R15)	
DOT No. (Example: DOTM19ABC028)	<input type="checkbox"/> Original Equipment	Failure Location:	
<input type="checkbox"/> Prior Repair	Tire Failure Type:		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b> (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: 1	Number of Deaths: 0
Reported to Police: N			
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure (e.g., parts repaired or replaced (and if old part is available)), (2) the failure and its consequences, and (3) what was done to correct the failure: THE PASSENGER'S FRONTAL AIR BAG DEACTIVATED. PASSENGER SUSTAINED MINOR FACIAL BRUISES. EMPLOYED WHILE DRIVING 45-50 MPH. AIR BAG HIT THE PASSENGER IN THE FACE. MANUFACTURER/FAIR WERE NOTIFIED. *AK			
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.			

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

While driving down Rt. 2, Harvard Mass my  
air bag on passenger side went off + hit  
my daughter in the face. I did not hit  
any bumps or hole (nothing) I was  
taking my daughter to the hospital to  
have a baby. My car had no inspection  
done and the problem was faulty air bag.  
D.M. said they have to report this  
to you and I found out from Channel 5,  
they never did.



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

GREETINGS

FROM

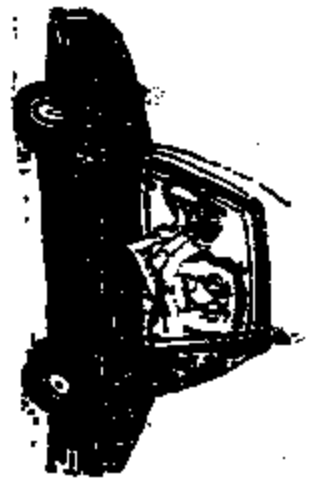
Far Far Away



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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS 214  
400 7th Street, SW  
Washington, DC 20590



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration  
<http://www.nhtsa.gov>

**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-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) & DOT