



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 1220

Date Received

Repository ☐

204 NOV 13 2004

13-OCT-2004 12:56

Reference No.

10096742

OWNER INFORMATION (Type or Print)

Name

Address

City

BELLE

State

WV

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? ☐ YES ☒ NO

In the absence of a signature, your name or address to the vehicle manufacturer.

Signature of Owner

Date 10/23/04

VEHICLE INFORMATION

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

1G3AG55M7R6

Make

OLDSMOBILE

Model

CUTLASS CIERA

Model Year

1994

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner ☐

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

021600 SUSPENSION:FRONT:WHEEL BEARING

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

01-OCT-2002

Failure Mileage

100000

Failure Speed

WAS DRIVING AT APPROX 40 MPH

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

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

☐ 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).

WHILE DRIVING, THE RIGHT FRONT WHEEL BEARING ASSEMBLY MADE AN EXCESSIVE AMOUNT OF NOISE. THE CONSUMER TOOK THE VEHICLE TO THE DEALERSHIP, BUT THEY WOULD NOT LOOK AT THE VEHICLE BECAUSE THEY COULD NOT FIND A RECALL NUMBER. PLEASE PROVIDE ANY FURTHER. *JB INFORMATION.

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.