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 1388

Date Received: JUN 20 AM 9:57 05-NOV-2004 (2005)

Repository ☐

Reference No.: 10099481

OWNER INFORMATION (Type or Print)

Name: [redacted]

Address: [redacted]

City: COVINGTON | State: VA | Zip Code: [redacted]

Daytime Telephone Number: [redacted]

Evening Telephone Number:

E-mail Address:

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

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GHDT13W7Y2[redacted]	OLDSMOBILE	BRAVADA	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: 4300	Fuel Type:
03/2000	Alleghany Motors			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City: Covington	State: VA	Zip Code: 24426		

Transmission Type		Powertrain	Vehicle Component Code
automatic	☒ Antilock Brakes ☐ Cruise Control		127200 EXTERIOR LIGHTING:HAZARD FLASHING WARNING LIGHTS:
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
19-OCT-2004	77000	NA

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R16)
DOT No. (Example: DOTMALSA8C038)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ 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 EXPERIENCED THE SAME PROBLEM AS STATED IN RECALL 01V384000 CONCERNING MULTI FUNCTION SWITCH. DEALERSHIP WOULD NOT REPAIR THE PROBLEM FREE OF CHARGE BECAUSE THE VIN WAS NOT INCLUDED.*AK

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