



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 100148

Date Received: 2005 JUN -7 - AM 3:25  
Repository:   
Reference No: 10120451

OWNER INFORMATION (Type or Print)

Name: [REDACTED]  
Address: [REDACTED]  
City: NASSAU State: DE Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]  
Evening Telephone Number: [REDACTED]  
E-mail Address: [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 authorized signature, please provide an address to the vehicle manufacturer.  
Signature of Owner: [REDACTED] Date: 5/25/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GHJDU06LXST [REDACTED]  
Make: OLDSMOBILE Model: SILHOUETTE Model Year: 1995

Date Purchased: 01-MAR-96 Dealer's Name and Telephone Number: BOB SMITH AUTOMOTIVE Engine: No. Cylinders: 6 Fuel Type: Gas

Original Owner:  Dealer's City: EASTON State: MD Zip Code: [REDACTED]

Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control  
Powertrain: FRONT WHEEL DRIVE  
Vehicle Component Code: 220000 SEATS  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 04-APR-2005 Failure Mileage: 58000 Failure Speed: 0  
PART # 12529151 SEAT CUSHION FRAME & BACK REST PIVOT ADJUSTER SUPPORT. LIST PRICE \$77.40 PART ONLY

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]  
DOT No. (Example: DOTM19ABC036): [REDACTED]  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: NONE Number of Deaths: NONE 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).

DT: THE DRIVER'S SEAT FRAME AND BACK REST SPLIT APART, ON THE INSIDE. I HAD IT WELDED BACK TOGETHER AND PUT A BRACE ON THE SEAT. THE DEALER (ALICIA MILAM 866-932-4368 X38573) REFUSED TO FIX IT. REF# 1-325360723. \*AK

*(OLDSMOBILE CUSTOMER RELATIONS)*

*CAME OUT OF FAST FORD REST. SAT IN DRIVER'S SEAT & WHEN I WAS ADJUSTING MY POSITION THE SEAT BACK GAVE WAY AND FELL BACK. I MANUALLY PULLED SEAT BACK INTO UPRIGHT POSITION, BUT IT WOULD NOT SUPPORT MY WEIGHT AT ALL.*

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 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(ies)

STOPPED AT CIP. DIVER (OLDS DEALER) IN LEWES, DE. AND THEY SAID SEAT FRAME BROKE. THEN TOLD ME TO CALL OLDSMOBILE CUSTOMER SERVICE AS THE CAR WAS OUT OF WARRANTY. ALICIA MILAM REP. FOR OLDSMOBILE TOLD ME TO CONTACT DEALER AS TO PART THAT WAS NEEDED + LABOR TO INSTALL PARTS. SHE SAID THAT THEY MIGHT COVER PART OF THE REPAIR. I RECEIVED A LETTER LATER, SAYING THAT THEY WOULD NOT PAY ANYTHING TOWARDS THE REPAIR OR PART.

I WONDER WHAT INJURY I WOULD HAVE RECEIVED IF I WAS REAR ENDED. SEAT BACK WOULD HAVE BROKEN AND PROBABLY MY BACK AS WELL.

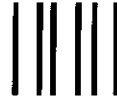
ATTACH ADDITIONAL SHEETS IF NECESSARY

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NVS-216 400 7th Street, SW Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

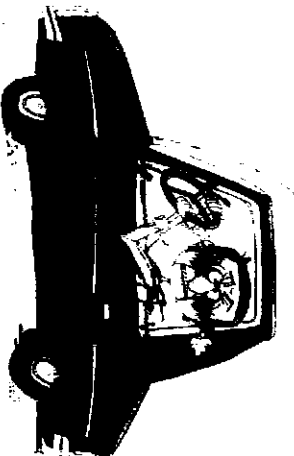
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and dial toll free at

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