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 OCT 20 AM — Repository ☐

13-SEP-2005

Reference No. 10136402

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City GLENSFALLS | State NY | 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
1G3NL12E5X[redacted]	OLDSMOBILE	ALERO	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
27-JUN-05				No: Cylinders 6	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	022000 SUSPENSION:REAR hub assembly Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
09-SEP-2005	61561	65

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: DOTMAL9ABC036)	☐ 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	1		Y

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: 1999 OLDSMOBILE ALERO - CONSUMER'S CAR WAS INVOLVED IN AN ACCIDENT AND THE HUB ASSEMBLY THAT HOLDS THE REAR PASSENGER STRUTS SHEARED OFF. WHILE DRIVING AT 65 MPH THE REAR WHEEL BROKE OFF AND THE CAR TURNED SIDEWAYS AND WENT OFF THE HIGHWAY. THERE WAS NO IMPACT, BUT THE CAR DID FLIP SIDE WAYS. THE ACCIDENT CAUSED THE FRONT SUSPENSION TO BREAK. THE VEHICLE HAS NOT BEEN LOOKED AT BY A MECHANIC. THE CONSUMER CONTACTED THE MANUFACTURER, AND WAS TOLD THERE WAS NO RECALL ON THIS VEHICLE FOR THIS PART. A POLICE REPORT WAS TAKEN. THERE WAS ONE INJURY.*AK

GM sent a inspector out October 6, 2005 We have not got his report. G.M. will get it not us

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