



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
(1-888-327-4235)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

2006 MAY -3 68
24-MAR-2006

Repository ☐

Reference No.
10153653

OWNER INFORMATION (Type or Print)

Name

Address

City

BEAR CREEK TOWNSHIP

State

PA

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, please provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 04/10/06

VEHICLE INFORMATION

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

1G9NL52T11C

Make

OLDSMOBILE

Model

ALERO

Model Year

2001

Date Purchased
02-FEB-01

Dealer's Name and Telephone Number
MOTOR WORLD

Engine:

No: Cylinders 4

Fuel Type:

Gas

Original Owner
☒

Dealer's City
WILKESBARRE

State
PA

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code

021600 SUSPENSION:FRONT:WHEEL BEARING

Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
24-MAR-2006

Failure Mileage
76000

Failure Speed

The front wheel bearing has been replaced for the fourth time approx. every 20,000 miles three times this was covered under extended warranty

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(es).)

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(es).

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).

DOT: THE CONTACT STATED THE FRONT WHEEL BEARINGS ARE DEFECTIVE. THE BEARINGS FAIL EVERY 15,000-20,000 MILES. THERE IS A KNOCKING NOISE THAT SEEMS TO COME FROM THE FRONT OF THE VEHICLE AND THE VEHICLE DOES NOT STEER PROPERLY. THE DEALERSHIP REPLACED THE WHEEL BEARINGS FOUR TIMES. THE DEALERSHIP OR THE MANUFACTURER CANNOT DETERMINE WHY THE BEARINGS FAILED NUMEROUS TIMES.

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.

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

As stated this is the fourth time this item has been replaced, by dealer three times warranty covered this the last time it did not but olds sent a check to cover 1/2 the cost. They (Dealer/olds) cannot give me a reason why this is happening. Since the problem existed since the car was new and problems still exist I believe that this problem should be looked into. Has there been any others who reported this same problem and is there a potential hazard of this condition.

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 79179 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-210
400 7th Street, SW
Washington, DC 20590



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owners Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



LEHIGH VALLEY