



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

Repository ☐

08-JUN-2006

Reference No.
10159343

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City MORRIS State NY Zip Code [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an answer, we will assume or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G3AG54N6P6
Make OLDSMOBILE Model Ciera Model Year 1993
Date Purchased 22-OCT-93 Dealer's Name and Telephone Number BENEDICT CORP. UNKNOWN Engine: 6 Fuel Type: Gas
Original Owner ☒ Dealer's City NORWICH N.Y. State NY Zip Code [REDACTED]
Transmission Type AUTOMATIC ☒ Antilock Brakes ☒ Powertrain FRONT WHEEL DRIVE Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC: FOUNDATION COMPONENTS
☒ Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 08-JUN-2006 Failure Mileage 31493 Failure Speed OIL PAN AND PARKING BRAKES

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: DOTM1A9ABC036) [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 0 Number of Deaths 0 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).

OT: THE CONTACT STATED WHILE THE VEHICLE WAS PARKED, A PUDDLE OF BRAKE FLUID WAS PRESENT UNDERNEATH THE DRIVER'S SIDE. UPON FURTHER INSPECTION, THE BRAKE LINES WERE RUSTED ALONG THE FITTINGS. THE VEHICLE WAS NOT DRIVEN IN POOR WEATHER CONDITIONS AND GARAGE KEPT. THE MANUFACTURER WAS ALERTED. THE VEHICLE WAS NOT TAKEN TO A DEALER FOR INSPECTION. THERE IS A NHTSA RECALL # 93V121000 REGARDING THE SERVICE BRAKES LINES, PIPING, AND FITTINGS. THE VIN WAS NOT INCLUDED IN THE RECALL. BUT SHOULD HAVE BEEN

OIL PAN RUSTED THROUGH PAN REPLACED AT MY EXPENSE
REAR BRAKES LOCKED UNABLE TO BACK UP VEH.
TRANSMISSION PAN RUSTED BADLY ALSO GAS TANK

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)

BRAKE LINE ITSELF RUSTED MADE OF STEEL TUBING WITH
WAS RUSTED THROUGH ON DRIVERS SIDE FRONT

I ALSO HAD TO PAY FOR REPAIRS OF RUSTED THROUGH
CIL PAN EARLYER \$400.00

I AM UNABLE TO TAKE VEHICLE TO DEALER TO SHOW HIM
BECAUSE AUTO WILL NOT MOVE IN REVERSE

I WAS ALSO TOLD BY MANUFACTURER THAT THERE ARE NO
RECALLS AT ALL ON THIS VEHICLE THEY LIVE

GAS TANK RUSTY ALSO TRANSMISSION PAN IS RUSTY
ALL UNSAFE

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-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 Owner's Questionnaire (VOC)
U.S. Department of Transportation
National Highway Traffic Safety Administration