



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 **04 OCT 20 06** Repository
 02-OCT-2006 Reference No. 10169740

OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
 Address [REDACTED]
 City **RUSSETT Laurel** State **MD** Zip Code [REDACTED] Evening Telephone Number [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
 Signature of Owner _____ Date **10/2/06**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side **1GHDX03E5Y [REDACTED]** Make **OLDSMOBILE** Model **SILHOUETTE** Model Year **2000**
 Date Purchased **20-NOV-03** Dealer's Name and Telephone Number _____ Engine: No: Cylinders _____ Fuel Type: Gas
 Original Owner Dealer's City _____ State _____ Zip Code _____
 Transmission Type **AUTOMATIC** Antilock Brakes Powertrain **FRONT WHEEL DRIVE** Vehicle Component Code **152000 SEAT BELTS:REAR**
 Cruise Control Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **27-SEP-2006** Failure Mileage **20000** Failure Speed **40000**

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 Yes No Fire Yes No Number of Persons Injured **1** 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).

DT*: THE CONTACT STATED WHILE THE VEHICLE WAS PARKED WITH A CHILD PASSENGER RESTRAINED IN A BOOSTER SEAT WITH THE RIGHT REAR SEAT BELT, THE WEBBING SHOULDER STRAP BECAME ENTANGLED AROUND THE CHILD'S NECK WITHOUT WARNING. THE CONTACT PULLED THE WEBBING STRAP UPWARD CREATING SOME SLACK WHILE A BYSTANDER UNBOLTED THE REAR SEAT BELT ASSEMBLY FREEING THE CHILD. NO INJURIES WERE SUSTAINED. THE MANUFACTURER WAS NOTIFIED.

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.