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 ☐
31-DEC-2007	Reference No. 10213283

2008 JAN 17 PM 12:04

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City ALBRIGHT	State WV	Zip Code [redacted]	Evening Telephone Number SAME

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 [redacted] Date 1/4/2008

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GHDT13W11[redacted]	OLDSMOBILE	BRAVADA	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
20-MAR-02				No: Cylinders 6	Gas
Original Owner ☒	Dealer's City Morgantown	State WV	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	021530 SUSPENSION:FRONT:CONTROL ARM:LOWER ARM Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
29-DEC-2007	60000	2

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	0	0	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).

TL*THE CONTACT OWNS A 2001 OLDSMOBILE BRAVADA. WHILE DRIVING APPROXIMATELY 2 MPH, THE ENTIRE LOWER CONTROL ARM ~~DETACHED~~ AND CAUSED THE PASSENGER SIDE TO DROP TO THE GROUND. THE CONTACT HAS PICTURES OF THE FAILED AXLE. HE DID NOT HAVE THE VEHICLE INSPECTED TO DETERMINE WHAT CAUSED THE FAILURE; HOWEVER, THE CV AXLE AND LOWER CONTROL ARM WERE REPLACED. HE FILED A FORMAL COMPLAINT WITH THE MANUFACTURER. THE CURRENT AND FAILURE MILEAGES WERE 60,000.

Broke

lower control arm

I also have the broken control arm. A mechanic came to vehicle & repaired it by replacing broken pieces.

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