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-2DOT 2008 JUN 25 AM 9:38
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received: 16-JUN-2008	Repository ☐
	Reference No. 10231125

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number [redacted]	
City HUTCHINSON	**State** KS	**Zip Code** [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 auth[redacted]ur name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 06/25/08

VEHICLE INFORMATION

17 digit Vehicle Identification [redacted]er's side	Make	Model	Model Year
1G3WH55M2RD[redacted]	OLDSMOBILE	CUTLASS SUPREME	1994

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City: Hutchinson	State: KS	Zip Code: 67502	6	Unleaded

Transmission Type		Powertrain	Vehicle Component Code
Automatic	☒ Antilock Brakes ☒ Cruise Control		141000 AIR BAGS:FRONTAL Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-JUN-2008	~~80000~~ 127,000	0	

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	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 1994 OLDSMOBILE CUTLASS SUPREME. WHILE TURNING THE IGNITION TO START THE VEHICLE, THE FRONT DRIVER'S SIDE AIR BAG SPONTANEOUSLY DEPLOYED. THE CONTACT SUSTAINED MINOR INJURIES TO HER NOSE FROM THE DEPLOYMENT. SHE HAS PICTURES OF THE VEHICLE AFTER THE FAILURE, AND IS IN THE PROCESS OF NOTIFYING THE DEALER AND THE MANUFACTURER. THE VIN WAS UNKNOWN. THE FAILURE AND CURRENT MILEAGES WERE ~~80,000~~. 127,000

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