

 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire</b>                  To Report Vehicle Safety Defects                  1-888-DASH-2-DOT                  (1-888-327-4236)                  INTERNET: www.nhtsa.dot.gov/hotline</p>		FOR AGENCY USE ONLY 100237	
		Date Received JUN 01 2010 23-MAR-2010	Repository <input type="checkbox"/> Reference No. 10321979
<b>OWNER INFORMATION (Type or Print)</b>			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City OLMSTED FALLS	State OH	Zip Code	Same
<p>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</p>			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GHDX03E72D		Make OLDSMOBILE	Model Year 2002
Date Purchased Nov. 2007		Dealer's Name and Telephone Number John Lance Ford	Model SILHOUETTE
Original Owner <input type="checkbox"/>		Dealer's City Westlake	Engine: No: Cylinders 6
State OH		Zip Code 44138	Fuel Type: Gas
Transmission Type Auto.	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: 1
		Incident Date(s) 25-JUL-2008	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Vehicle Component Codes: 980000 UNKNOWN OR OTHER, 203000 WHEELS: LUGS/NUTS/BOLTS		Failure Mileage	Failure Speed 62
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)
DOT No. (Example: DOTM9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code		Tire Failure Type:	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths
		Reported to Police Y	
<p><b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b>                  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).</p>			
<p>2002 OLDSMOBILE SILHOUETTE, RIGHT FRONT WHEEL FELL OFF. *BF                  THE RIGHT FRONT FENDER WAS DAMAGED AND TWO WHEEL STUDS BROKE OFF. OHIO TRAFFIC CRASH REPORT# 10-0539-90. *JB</p> <p>I had a oil change + tire rotation 2000 mi. prior. Most of my driving after was in city. After the incident, the State Highway Patrolman told me that 3 lug nuts on the driver-front wheel were also loose.</p>			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
<p>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.</p>			