



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: 02-FEB-2011
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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: BALDWIN State: NY Zip Code: [REDACTED]
Daytime Telephone Number: [REDACTED] E-mail Address:
Evening Telephone Number:

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).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GHD13W8Y2 [REDACTED]
Make: OLDSMOBILE Model: BRAVADA Model Year: 2000
Date Purchased: Dealer's Name and Telephone Number: Engine: No: Cylinders: Fuel Type:
Original Owner: Dealer's City: State: Zip Code:
Transmission Type: Antilock Brakes Cruise Control Powertrain: Multiple Failure: Incident Date(s): 09-NOV-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC Failure Mileage: 114000 Failure Speed: 5

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: DOTM19ABC036): 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: Number of Deaths: 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).

TL*THE CONTACT OWNS A 2000 OLDSMOBILE BRAVADA. WHILE DRIVING APPROXIMATELY BETWEEN 5-10 MPH, THE CONTACT APPROACHED A STOP SIGNAL AND THE ABS BEGAN TO ENGAGE SUDDENLY. THE CONTACT WAS ABLE TO CONTINUE IN OPERATION WITH AN INCREASE IN THE STOPPING DISTANCE. WHEN REACHING THE DESTINATION, THE CONTACT DISABLED THE ABS FUSE. THE VEHICLE HAD NOT BEEN DIAGNOSED OR REPAIRED. THE FAILURE MILEAGE WAS APPROXIMATELY 114,000.

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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.