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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
15-SEP-2014 OCT 23 2014	Reference No. 10633174

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	NOEMAIL@UNK.GOV
Address [redacted]	Evening Telephone Number	
City SARDIS **State** MS **Zip Code** [redacted]		

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	Make	Model	Model Year
1G3NL52E13C[redacted]	OLDSMOBILE	ALERO	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
2/18/14	Gladys Wilbourn			No: Cylinders 4	
Original Owner ☑	Dealer's City Sardis	State MS	Zip Code 39666	3400	Reg.

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
	☑ Antilock Brakes ☑ Cruise Control		No Air 9bag will locked up	03-SEP-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 140000 AIR BAGS, 010000 STEERING	Failure Mileage	Failure Speed
		30

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 2003 OLDSMOBILE ALERO. WHILE DRIVING APPROXIMATELY 30 MPH, THE STEERING WHEEL LOCKED AND CAUSED THE DRIVER TO CRASH INTO A TREE. THE AIR BAGS FAILED TO DEPLOY. NO INJURIES WERE REPORTED. THE VEHICLE WAS TAKEN TO A SALVAGE FACILITY. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS UNKNOWN.

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