



U.S. Department of Transportation
National Highway Traffic Safety Administration

Posted Vehicle Owner's Questionnaire

DOT Auto Safety Hotline
TO REPORT VEHICLE SAFETY DEFECT
1-888-DASH-2-DOT
1-888-327-4236
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY

Date Received: **RECEIVED**
09 FEB - 9 AM 6:10
Office of Defects Investigation
Reference No. **550851**

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Street: [Redacted]
City: [Redacted]
Business Telephone Number: [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 authorized NHTSA USE ONLY, you may provide your name or address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 1/24/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (17 Digits) 2G3AJ54N3L2315253	(Located at bottom of windshield on driver's side)	Vehicle Make OLDS	Vehicle Model CUTLASS CIERA	Vehicle Year 1990	Current Odometer Reading 68200
Purchased Date May 1990	Dealer's Name BARUCH OLDS	Engine Size (CID/OCL) 3.3	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City FREEPORT LI NY	State NY	Zip Code	No. Cylinders 6	<input type="checkbox"/> Fuel Injection
Transmission Type <input checked="" type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut. <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other					

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Seat Belts	Part Name(s) DRIVERS BELT BUCKLE AND PASSING SEAT/SHOULDER BELT RESTRAINTS	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) undetermined (see description)	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s)		
	Vehicle Speed at Failure(s)		

APPLICABLE INCIDENT INFORMATION

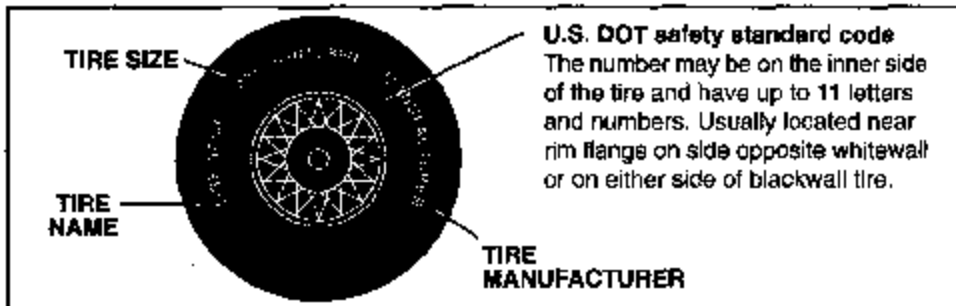
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Persons Injured 0	Number of Fatalities 0	Estimated Property Damage \$ _____	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters).
Note: This information not required for normal operation tires.

DOT	Manufacturer	Tire Name	Complete Tire Size
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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 administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Vehicle has front Seat Belt Restraints attached to doors + Buckle locks To Seat Rockerplate. Rear Belts and front Belts depend on a Solenoid which only operates if drivers Belts function normally

First became aware that Belt Solenoid restraint was malfunctioning when I drove some one else's auto (Same yr-Make-Model) apparently it was inoperative since Warranty Work on 6 Way Seat in 1992 by GM Dealer

The Drivers Buckle lock keeps loosening its Top Cover. - There is a electric problem causing Dash light "Seat Belt" to flicker off + on - Belts Do Not Lock-up on Passenger Restraint

Since the four outside Seat/Shoulder Belts are not independent of each other, The Electrical problem contacts all 4 Belts rendering them useless in a front Stead or collision - An Engineering oversight by Manufacturer + DANGEROUS

Vehicle currently being Repaired by GM Dealer

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline, NSA-10.1
 400 7th Street, SW
 Washington, DC 20590



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