

 US Department of Transportation National Highway Traffic Safety Administration	AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONWIDE 1-800-424-9393 DC METRO AREA 202-368-0123	POSTED	FOR AGENCY USE ONLY DATE RECEIVED: FEB 21 11:14 RECEIVED BY: OFFICE OF TRAFFIC SAFETY INVESTIGATION REFERENCE NO.: 559781
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OWNER INFORMATION (TYPE OR PRINT) NAME and ADDRESS <div style="background-color: black; width: 100%; height: 40px;"></div>	DAY TIME TELEPHONE NO. (AREA CODE) <div style="background-color: black; width: 100%; height: 20px;"></div>
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Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

SIGNATURE OF OWNER: DATE: 2/10/01

VEHICLE IDENTIFICATION NO. <u>1G3AM54N8L6347458</u>	VEHICLE MAKE <u>Oldsmobile</u>	VEHICLE MODEL <u>Cutlass Cierra</u>	MODEL YEAR <u>1990</u>
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE			
CURRENT ODOMETER READING <u>126500</u>	DATE PURCHASED <u>3/1/90</u> <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	DEALER'S NAME, CITY & STATE <u>Manley Santa Rosa, California</u>	ENGINE SIZE (CID/CC/L) _____ NO. CYLINDERS <u>6</u> <input type="checkbox"/> TURBO DIESEL FUEL INJECTN
TRANSMISSION TYPE <input 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 checked="" type="checkbox"/> 3-POINT BELT <input type="checkbox"/> 2-POINT BELT	CRUISE CONTROL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DRIVE TRAIN <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> 4-WHEEL BODY STYLE STAWAG <input checked="" type="checkbox"/> HATCH BK <input type="checkbox"/> 4 DR <input type="checkbox"/> VAN <input type="checkbox"/> 2 DR <input type="checkbox"/> PK UP TRK <input type="checkbox"/> OTHER <input type="checkbox"/>

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
		<input type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR	<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S) _____	MANUFACTURER CONTACTED	NHTSA PREVIOUSLY CONTACTED
	MILEAGE AT FAILURE(S) _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	VEHICLE SPEED AT FAILURE(S) _____		

APPLICABLE ACCIDENT INFORMATION					
ACCIDENT	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE ESTS	POLICE REPORTED
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

requesting all recalls & concerns on my car.
 My front mounts/steering ? are making a metal on metal clunking noise when making a sharp u-turn (steering wheel turned as far as it will go. I feel movement in my steering tower)

CONTINUE ON BACK IF NEEDED

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.
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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO. *

DOT 1

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

(cont.) wheel when starting from a stop.

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 NAT'L HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation National Highway Traffic Safety Administration Auto Safety Hotline, NEF-11 HL 400 7th Street, SW Washington, DC 20590

