



**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire (VOQ)**

**NATIONWIDE 1-888-DASH-2-DOT**  
**1-888-327-4236**  
**www.nhtsa.dot.gov/hotline**

**FOR AGENCY USE ONLY 258**

Data Received  <b>07-MAY-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  <b>722373</b>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small> <b>1GHDX03E1YD247823</b>	Vehicle Make <b>OLDSMOBILE TRU</b>	Vehicle Model <b>SILHOUETTE</b>	Vehicle Year <b>2000</b>	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	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	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <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 checked="" type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>15130000</b>	Par. Name(s) <b>EQUIPMENT:ELECTRIC POWER ACCESSORIES:LOCKS:DOOR</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failures <b>30</b>	Date(s) of Failure(s) <b>27-MAR-2000</b> Mileage at Failure(s) <b>4000</b> Vehicle Speed at Failure(s) <b>0</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s), Crashes), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**MY 4 YEAR OLD SON WAS STANDING INSIDE THE VAN, FACING THE POWERED DOOR, WAITING FOR ME TO OPEN THE DOOR. I PULLED THE HANDLE AND THE POWER DOOR STARTED TO OPEN (SLIDING TO MY LEFT). WHEN THE DOOR REACHED THE MIDWAY POINT MY SON SLIPPED FROM THE EDGE AND FELL WITH BOTH FEET BETWEEN THE DOOR AND THE DOOR FRAME. THE DOOR CONTINUED TO TRAVEL TOWARD MY LEFT, MY HAND WAS STILL ON THE DOOR HANDLE. I PULLED THE HANDLE WITH MUCH FORCE, ENOUGH TO CAUSE THE ENTIRE VAN TO JERK FORWARD (I AM A 37 YEAR OLD MAN). THE DOOR WOULD NOT STOP MOVING. I QUICKLY PULLED MY SON OUT AT THE LAST SECOND. HE HUGGED ME AND I COULD SEE THE FEAR IN HIS EYES. WITH MY SON REMOVED I REPEATED THE ACTION AND FOUND THAT AT LEAST 50% OF THE TIME THE DOOR WOULD NOT STOP TRAVEL WHEN I PULLED THE HANDLE.**

CONTINUED ON BACK PLEASE

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.