



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

23-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

750994

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>(Location at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G3WS14T7LD393930	OLDSMOBILE	CUTLASS	1990			
Purchase Date 01-SEP-1990	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 Injectio			
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input checked="" 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 02100000	Part Name(s) SUSPENSION:INDEPENDENT FRONT	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Date(s) of Failure(s) 15-JUN-2001 Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------	----------------------	--------------------------	-------------------------------------------------------------------------------------------

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

I TAKE GOOD CARE OF MY CAR. IN THE LAST YEAR I HAVE HAD 4 OIL CHANGES, NEW TIRES AND RIMS, AN ALIGNMENT, NEW BRAKES AND ROTORS. ON 04/20/2001 I HAD A OIL CHANGE AND ASKED PENSKE AUTO TO LOOK AT MY STRUTS AND SUSPENSION BECAUSE MY CAR FELT AND LITTLE DIFFERENT THAN USUALLY, AND AGAIN ABOUT 06/05/2001. THIS TIME I ASKED THE SERVICE MANAGER TO LOOK AND HE COULD FIND NOTHING WRONG. ON 06/15/2001 I WAS ON THE INTERSTATE GOING ABOUT 65 MILES AN HOUR AND HAD A FEW MORE MILES TO GO BUT AT THE LAST MINUTE DECIDED TO PULL OFF ON A EXIT TO CHECK A PRICE OF A PRODUCT. I SLOWED DOWN FOR A PEDESTRIAN, AND AS I GOT TO ABOUT 10 MILES A HOUR I FELT A BUMP AND LOST ALL STEERING. LUCKILY I WAS ABLE TO STOP THE CAR WITH OUT WRECKING OR HITTING THE PEDESTRIAN. I GOT OUT OF MY CAR AND FOUND THAT THE BACK PART OF TI

COPIED FROM NHTSA FILE # 01-238

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.