



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

25-JAN-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

757320

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)<br><small>(Location at bottom of<br/>and/or above windshield)</small>        | Vehicle Make  | Vehicle Model   | Vehicle Year   | Current Odometer Reading  |   |  |
| 1GHDV13EX2D193456   | OLDSMOBILE TRU  | SILHOUETTE  | 2002   |   |   |  |
| Purchase Date<br>01-DEC-2001  | Dealer's Name _____   | Engine Size<br>(CID/CC/L) _____   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injectio |   |   |  |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                 | City _____ State _____ Zip Code _____   | No Cylinders _____  |  |   |   |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____ |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

|                                   |   |  |  |
|-----------------------------------|---|--|--|
| Component<br>06400000<br>07300000 | Part Name(s)<br>FUEL:THROTTLE LINKAGES AND CONTROL<br>POWER TRAIN:TRANSMISSION:AUTOMATIC        | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure                     | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Polic<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|---------------------------|----------------------|--------------------------|--|

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

**TRANSMISSION DOES NOT HOLD THE VAN WHILE IN DRIVE, EVEN ON A SLIGHT INCLINE. CAR WILL DRIFT BACKWARDS CAUSING A SAFTY ISSUE. IT'S LIKE DRIVING A MANUAL TRANSMISSION. IF YOU ARE SITTING AT A TRAFFIC LIGHT, FOOT ON THE BRAKE, AS SOON AS YOU REMOVE YOUR FOOT FROM THE BRAKE, THE VAN DRIFTS BACKWARDS. IF A CAR HAPPENS TO BE BEHIND YOU, OR EVEN WORST IF SOMEONE IS WALKING BEHIND YOU, THEY COULD BE POTENTIALLY HIT OR RUN OVER. DEALERS RECOMMENDATION OF USING ONE FOOT ON THE BRAKE AND THE OTHER ON THE GAS IS UNACCEPTABLE. THEY SAY THAT THIS VAN DOES NOT HAVE A HILL HOLDING FEATURE IN THE TRANSMISSION, AND IT IS SOMETHING THAT WE ARE GOING TO HAVE TO LIVE WITH. \*AK**

CONTINUED ON REVERSE

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.