Form Approved: OMB No. 2127-0042

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: 13-JUN-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 763028

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1GHDT13W6R2706819	OLDSMOBILE TRU	BRAVADA	1994	

Purchase Dat			
01-OCT-2001	Dealer's Name_____	Engine Size (CID/CC/L _____	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio
☐ New ☒ Used	City_____ State_____ Zip Code_____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
02100000	SUSPENSION:INDEPENDENT FRONT	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	11-JUN-2002		
	Mileage at Failure(s 102600	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s) 75		

APPLICATION INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

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

TIRE BLEW OUT COMPLETELY; THE SIDE TOTALLY BLEW AWAY FROM THE TIRE; MY SON WAS DRIVING DOWN I25 AT 75MPH AND HE HEARD AN EXPLOSION AND THE VEHICLE STARTED SWERVING AND HE GOT IT PULLED OVER AND STOPPED. HE HAD JUST STARTED TO PASS ANOTHER SMALLER VEHICLE.'AK

CONTINUE ON BACK IF NEEDED

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1GHDT13W6R2706819	B.F.GOODRICH	TOURING	1900	

Purchase Dat		Engine Size	
01-OCT-2001	Dealer's Name_____	(CID/CC/L ____	☐ Turbo
☐ New ☒ Used	City_____ State_____ Zip Code_____	No Cylinders _____	☐ Diesel ☐ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

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No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	11-JUN-2002		
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1GHDT13W6R2706819	B.F.GOODRICH	ALL-TERRAIN	1900	

Purchase Dat			
01-OCT-2001	Dealer's Name_____	Engine Size (CID/CC/L ____	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio
☐ New ☒ Used	City_____ State_____ Zip Code_____	No Cylinders _____	

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CONTINUE OTHER SIDE