

785944

From: feedback@cartalk.com
To: Alberto <NHTSA> Jimenez
Date: 4/10/02 5:38PM
Subject: Car Talk VOQ submission

* This data was submitted via a fill-in form at the Cartalk web site
* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Wednesday, April 10th 2002 at 5:37:42 PM

VEHICLE OWNER'S QUESTIONNAIRE
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OWNER INFORMATION



NHTSA authorized to send a copy of this report to the manufacturer: Yes

VEHICLE INFORMATION

VIN: 1G3NL12T0XC390715
MAKE: Oldsmobile
MODEL: Alero
YEAR: 1999

ODOMETER: 34550
PURCHASE DATE: 05/10/00
NEW OR USED: Used

DEALER NAME: Eagleson's Oldsmobile/Cadillac/Chevrolet
ADDRESS: Olney, IL 62450

ENGINE SIZE:
CYLINDERS: 4

FUEL INJECTION: No
TURBO: No
FUEL TYPE: Gas
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes

DRIVETRAIN: Front
DRIVER AIRBAG: Yes
PASSENGER AIRBAG: Yes
3-POINT BELT: Yes
MOTOR BELT: No
2-POINT BELT: No
BODY STYLE: 2-Door

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: 1)Locks
2)Front end

PART NAME(S):

LOCATION:

NUMBER OF FAILURES: 1)More than 10
2)Constant

DATE(S) OF FAILURES: 1)During cold weather 2)Constant

MILEAGE AT FAILURE(S): 1)32000 2)34000

SPEED AT FAILURE(S): 1)any speed 2)any speed

MANUFACTURER CONTACTED: Yes

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT:
FIRE:

NUMBER OF PERSONS INJURED:
NUMBER OF FATALITIES:
ESTIMATED PROPERTY DAMAGE: \$

DRIVER AIRBAG DEPLOYED:
PASSENGER AIRBAG DEPLOYED:

REPORTED TO POLICE:

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT
TIRE MANUFACTURER:
TIRE NAME:
TIRE SIZE:



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 1058

Date Received

10-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

785944

Work Number

Home Number

OWNER INFORMATION (Type or Print)

SHELLEY LEE 751545
3028 WARREN WAY
CARMEL IN 46033

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 and/or door and door frame) 1G3NL12T0XC390715	Vehicle Make OLDSMOBILE	Vehicle Model ALERO	Vehicle Year 1999	Current Odometer Reading
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Purchase Date 10-MAY-2000	Dealer's Name _____	Engine Size (CID/CC/L 4 CYL	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 15130000	Part Name(s) EQUIPMENT:ELECTRIC POWER ACCESSORIES:LOCKS:DOOR	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
No of Failure 10	Date(s) of Failure(s) _____ Mileage at Failure(s) 3200 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES POWER LOCKS WILL LOCK AND UNLOCK ON THEIR OWN WHILE VEHICLE IS TURNED ON AND WHILE DRIVING. *YD

COPIES OF THIS FORM ARE:

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.

ADDITIONAL COMMENTS

Power locks will lock and unlock on their own while vehicle is turned on and while driving down the road.
Noise coming from front end (klunking noise) when car is driven over any surface that is not totally smooth.

END OF FORM



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

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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 and driver's side door) 1G3NL12T0XC390715	Vehicle Make OLDSMOBILE	Vehicle Model ALERO	Vehicle Year 1999	Current Odometer Reading
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Purchase Date 10-MAY-2000	Dealer's Name _____	Engine Size (CID/CC/L 4 CYL)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
		Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
			Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02100000	Part Name(s) SUSPENSION:INDEPENDENT FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Date(s) of Failure(s) _____ Mileage at Failure(s) 3200 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES CLUNKING NOISE COMING FROM THE FRONT END WHEN CAR IS DRIVEN OVER ANY SURFACE THAT IS NOT TOTALLY SMOOTH, THIS HAPPENS CONSTANTLY. *YD

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