



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 936

Date Received

19-DEC-2001

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

Reference No.

8000926

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 windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G8DX03E1YD249586	OLDSMOBILE TRU	SILHOUETTE	2000			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input 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 type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" 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 type="checkbox"/> Other _____

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

Component 01150000	Part Name(s) STEERING:COLUMN SHAFT UPPER	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	Dates of Failure(s) 14-DEC-2001 Mileage at Failure(s) 35000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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 type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	----------------------	--------------------------	---

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

WHILE DRIVING AT HIGHWAY SPEEDS DRIVER LOST CONTROL OF THE VEHICLE DUE TO A DEFECTIVE STEERING SHAFT. DEALER HAS REPLACED STEERING SHAFT. PLEASE PROVIDE ADDITIONAL INFORMATION.\*AK

GOVERNMENT USE ONLY

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.

<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY 335</b> Date Received: <b>02 FEB 15 2001</b> EFFECTS: _____ Reference No.: <b>8000926</b>	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received: <b>02 FEB 15 2001</b> EFFECTS: _____ Reference No.: <b>8000926</b>	
OWNER INFORMATION (Type or Print) [Redacted] <b>730790</b>		Work Number: [Redacted] Home Number: [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an owner's signature, you must provide your name and address to the vehicle manufacturer.			
Signature of Owner: [Redacted]		Date: <b>1/8/02</b>	
<b>VEHICLE INFORMATION</b>			
Vehicle Ident. No. (VIN) <b>1G8DX03E1YD249586</b> <small>(Located at bottom of windshield on driver's side)</small>		Vehicle Make <b>OLDSMOBILE TR</b> Vehicle Model <b>SILHOUETTE</b>	
Vehicle Year <b>2000</b> Current Odometer Reading <b>35200</b>		Purchase Date: _____    Dealer's Name: <b>Crest Cadillac Oldsmobile</b>	
Engine Size (CID/CC) _____    Turbo Diesel Gas Fuel Injecto <input checked="" type="checkbox"/>		No. Cylinders <b>6</b>	
Transmission Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Restraint System: <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbel: <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Driverside A bag <input type="checkbox"/> Passengerside A bag	
Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Drive Train: <input checked="" type="checkbox"/> Fron. Rear 4-Wheel <input type="checkbox"/> 4-Wheel		Vehicle Type: <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Min van <input type="checkbox"/> Other <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle	
Body Style: <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck			
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Component <b>01150000</b> Part Name(s) <b>STEERING:COLUMN SHAFT UPPER</b>		Location: <input checked="" type="checkbox"/> Left front <input type="checkbox"/> Right rear	
No. of Failures: <b>1</b>		Date(s) of Failure(s): <b>14-DEC-2001</b> Mileage at Failure(s): <b>35000</b> Vehicle Speed at Failure(s): <b>50 Miles per hr.</b>	
Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		NHTSA Previously: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>APPLICATION INCIDENT INFORMATION</b>			
(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 checked="" 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: <b>under warranty</b>		Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>			
WHILE DRIVING AT HIGHWAY SPEEDS DRIVER LOST CONTROL OF THE VEHICLE DUE TO A DEFECTIVE STEERING SHAFT. DEALER HAS REPLACED STEERING SHAFT. PLEASE PROVIDE ADDITIONAL INFORMATION.*AK  <i>I had no steering at all, but got the van to stop in the ditch. I drove a same truck for 34 years and my experience saved me from accident.</i>			
CONTINUE ON BACK IF NEEDED			
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 responses 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.			