



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 798

Date Received

23-JAN-2002

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8002712

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		
1GHDX03E4YD337791	OLDSMOBILE TRU	SILHOUETTE	2000			
Purchase Date <input checked="" type="checkbox"/> New <input 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 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 type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input 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 checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000 03270000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM	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) 01-JAN-2000 Mileage at Failure(s) 36500 Vehicle Speed 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 type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN DRIVING ON WET PAVEMENT AND WHEN ATTEMPTING TO STOP APPLIED BRAKE PEDAL AND BRAKES FAILED TO RESPOND, CAUSING EXTENDED STOPPING DISTANCE. ALSO, WHEN BRAKES WERE APPLIED THERE WAS A SQUEAKING NOISE COMING FROM THE FRONT BRAKES. CONSUMER HAS CONTACTED THE DEALER. PLEASE PROVIDE ANY FURTHER DETAILS.*AK

CONTINUE 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.



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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 798

Received
17 APR 2002
PK 12 15002

Od_or _____
rt_dt _____
od_rt _____
up_jtr _____

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Reference No.
8002712

Work Number _____
Home Number _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of your name and address to the vehicle manufacturer.

YES NO
Date 2/5/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1GHDX03E4YD337791
Vehicle Make OLDSMOBILE TR Vehicle Model SILHOUETTE
Vehicle Year 2001 Current Odometer Reading 38000

Purchase Date 01/02/02 Dealer's Name BERTERA CHEVY, OLDS, PONTIAC
City PALMER State MA Zip Code 01069-0879
Engine Size 3400 No Cylinders 16
 Turbo Diesel Gas Fuel Injectio

Transmission Type Manual Automatic
Antilock Brakes Yes No
Restraint System 3-Point Belt Motorbelt Driverside Airbag 2-Point Belt Passengerside Airbag
Cruise Control Yes No
Drive Trac Front Rear 4-Wheel
Vehicle Type Car Sport Ut Truck Minivan Motorcycle Other
Body Style 2-Door 4-Door Stationwagon Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000 03270000 Part Name(s) BRAKES:HYDRAUL C:ANTI-SKID SYSTEM
BRAKES:HYDRAUL C:SHOE:DISC BRAKE SYSTEM
Location Left Right Front-1 Rear Original Replacement
No. of Failures _____ Date(s) of Failure(s) 01-JAN-2000
Mileage at Failure(s) 36500 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 Damage _____ Reported to Police Yes No

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

WHEN DRIVING ON WET PAVEMENT AND WHEN ATTEMPTING TO STOP APPLIED BRAKE PEDAL AND BRAKES FAILED TO RESPOND, CAUSING EXTENDED STOPPING DISTANCE. ALSO, WHEN BRAKES WERE APPLIED THERE WAS A SQUEAKING NOISE COMING FROM THE FRONT BRAKES. CONSUMER HAS CONTACTED THE DEALER. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

