



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 436**

Date Received

24-JAN-2002

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

Reference No.

8002794

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  |   |   |
| NOT AVAILABLE  | OLDSMOBILE   | INTRIGUE   | 2000   |   |   |   |
| Purchase Date  | 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  | Antilock Brakes  | Restraint System   | Cruise Control   | Drive Train   | Vehicle Type  | Body Style  |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic               | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input 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 | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <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 _____ | <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 type="checkbox"/> Other _____ |

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

|                                   |   |  |  |
|-----------------------------------|---|--|--|
| Component<br>03250000<br>06400000 | Part Name(s)<br>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM<br>FUEL:THROTTLE LINKAGES AND CONTROL | 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                     | Dates of Failure(s) 16-JAN-2002   | Failed Part(s)   | NHTSA Previously   |
|                                   | Mileage at Failure(s) 12000   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
|                                   | Vehicle Speed at Failure(s)   |  |  |

### 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Polic<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|---------------------------|----------------------|--------------------------|---|

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

**WHILE BRAKES WERE APPLIED VEHICLE ACCELERATED FORWARD, CAUSING A COLLISION. DEALER AND MANUFACTURER WERE NOTIFIED.\*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.

|   |   |
|---|---|
| <p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT<br/>1-888-327-4236<br/>www.nhtsa.dot.gov/hotline</p> | <p style="text-align: right;"><b>FOR AGENCY/USE ONLY</b> 436</p> <p>Copy Received _____</p> <p style="text-align: center;"><b>1 JAN 2002</b></p> <p style="text-align: center;">DEFECTS INVESTIGATION</p> <p>Od or _____<br/>rt_dt _____<br/>od_rt _____<br/>up_ltr _____</p> <p>Reference No.<br/><b>8002794</b></p> |
|---|---|

|  |        |
|--|--------|
| <b>OWNER INFORMATION (Type or Print)</b> |        |
| [Redacted]                               | 735621 |
| Work Number [Redacted]                   |        |
| Home Number [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 [Redacted] Date 2/07/02

**VEHICLE INFORMATION**

|   |   |   |  |  |
|---|---|---|--|--|
| Vehicle Ident. No. (VIN.) (Located on follow-up windshield on driver's side)<br><u>2G3WF52H</u><br><u>NOT AVAILABLE</u><br><u>2G3WF52H2YE171436</u>           | Vehicle Make<br><b>OLDSMOBILE</b>   | Vehicle Model<br><b>INTRIGUE</b>  | Vehicle Year<br><b>2000</b>  | Current Odometer Reading<br><b>12,320</b>  |
| Purchase Date<br><u>9/00</u>  | Dealer's Name <u>EKblade</u>  |   | Engine Size (CID/CC) <u>2.0</u>  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injector |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used   | City <u>HAMDEN</u> State <u>CT</u> Zip Code <u>06510</u>                                  | No. Cylinders <u>4</u>  |  |  |
| 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<br><input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> 2-Point Bel<br><input checked="" type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                          |
| Vehicle Type<br><input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other |   | Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up<br><input type="checkbox"/> Truck  |  |  |

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

|   |   |  |  |
|---|---|--|--|
| Component<br><u>03250000</u><br><u>06400000</u> | Part Name(s)<br><b>BRAKES:HYDRAULIC ANTI-SKID SYSTEM</b><br><b>FUEL:THROTTLE LINKAGES AND CONTROL</b> | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures                                 | Date(s) of Failure(s) <u>16-JAN-2002</u>  | Failed Part(s)   | NHTSA Previously<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                |
|   | Mileage at Failure(s) <u>12320</u>  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                    |
|   | Vehicle Speed at Failure(s)   |  |  |

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br><u>0</u> | Number of Fatalities<br><u>0</u> | Estimated Property Damage<br><u>4000</u><br><u>BUILDING</u> | Reported to Police<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---------------------------------------|----------------------------------|---|---|

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

**WHILE BRAKES WERE APPLIED VEHICLE ACCELERATED FORWARD, CAUSING A COLLISION. DEALER AND MANUFACTURER WERE NOTIFIED, OK**

I WAS SLOWING TO PARK AND HAD MY FOOT ON THE BRAKE. HALF INTO THE PARKING SPACE THE CAR RAPIDLY ACCELERATED AND KNOCKED DOWN A METAL RAILING, WENT OVER THE SIDEWALK AND INTO THE BUILDING WALL.