



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 1039

Date Received

14-MAR-2002

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

Reference No.

8005671

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/>windshield and driver's side<br/>door)</small> |                                                             | Vehicle Make                                                                                                                                                                                                       | Vehicle Model                                               | Vehicle Year                                                                                                                                                                                             | Current Odometer Reading                                                                                                                                                                                                                                |
| 1GHDX06E7VB214588                                                                                            |                                                             | OLDSMOBILE TRU                                                                                                                                                                                                     | SILHOUETTE                                                  | 1997                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |
| 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 type="checkbox"/> Fuel Injection                                                             |                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                        | City _____ State _____ Zip Code _____                       |                                                                                                                                                                                                                    | No Cylinders _____                                          |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                         |
| Transmission Type                                                                                            | Antilock Brakes                                             | Restraint System                                                                                                                                                                                                   | Cruise Control                                              | Drive Train                                                                                                                                                                                              | Vehicle Type                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel | <input 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<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle |
|                                                                                                              |                                                             |                                                                                                                                                                                                                    |                                                             | Body Style                                                                                                                                                                                               |                                                                                                                                                                                                                                                         |
|                                                                                                              |                                                             |                                                                                                                                                                                                                    |                                                             | <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 checked="" type="checkbox"/> Other _____ |                                                                                                                                                                                                                                                         |

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

|                       |                                                                                                  |                                                                                                                                          |                                                                                            |
|-----------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Component<br>02615000 | Part Name(s)<br>WHEELS:LUGS:NUTS:BOLTS                                                           | 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) _____<br>Mileage at Failure(s) _____ R4<br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<br><input 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 Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

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

WHILE DRIVING 5 MPH ALL 5 LUGS: NUTS BROKE OFF ON RIGHT FRONT WHEEL, AND VEHICLE WAS DAMAGED AS IT FELL ON ROAD.\*AK

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.

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WHILE DRIVING 5 MPH ALL 5 LUGS, NUTS BROKE OFF ON RIGHT FRONT WHEEL, AND VEHICLE WAS DAMAGED AS IT FELL ON ROAD. AK Those lugs were NOT on the wheel - they should have never failed. We were lucky I have all 5 broken lugs from rotor, and I found 3 of the nuts still attached. On remaining part of lug at the scene - (couldn't find other 2 as they were very damaged. There was no vibration or noise before they broke off.

|                                                               |                                                                     |                      |                                                                     |                           |                                                                     |
|---------------------------------------------------------------|---------------------------------------------------------------------|----------------------|---------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------|
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) |                                                                     |                      |                                                                     |                           |                                                                     |
| Crash                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | 0                                                                   |
| Estimated Property Damage                                     | \$0,179.20                                                          | Number of Fatalities | 0                                                                   | Reported to Police        | <input checked="" 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) |          |                       |                                                                                   |                       |                                                                                                                                      |
| No. of Failures                                                                                                                               | 1        | Date(s) of Failure(s) | 2/22/02                                                                           | Mileage at Failure(s) | 68,372                                                                                                                               |
| Vehicle Speed at Failure(s)                                                                                                                   | 5 mph    | Failed Part(s)        |                                                                                   | Previously            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                  |
| Component                                                                                                                                     | 02645000 | Part Name(s)          | WHEELS; LUGS; NUTS; BOLTS                                                         | Location              | <input checked="" type="checkbox"/> Front <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Rear |
| Failed Part(s)                                                                                                                                |          | Failed Part(s)        | <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement | NHTSA                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                  |

|                                         |                                                                                                                                                                                   |                                  |                                                                                                          |                  |                                                                                                                                             |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| FAILED COMPONENT(S)/PART(S) INFORMATION |                                                                                                                                                                                   |                                  |                                                                                                          |                  |                                                                                                                                             |
| Transmission Type                       | <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual                                                                                                     | Antilock Brakes                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                      | Restraint System | <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> Passenger-side Airbag |
| Vehicle Type                            | <input checked="" type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other                                         | Drive Type                       | <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Cruise Control   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                         |
| Body Style                              | <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck | Engine Size                      | 3400                                                                                                     | Engine Type      | <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Turbo                                      |
| Vehicle Year                            | 1997                                                                                                                                                                              | Vehicle Make                     | OLDSMOBILE TRU                                                                                           | Vehicle Model    | SILHOUETTE                                                                                                                                  |
| Current Odometer Reading                | 68,372                                                                                                                                                                            | Vehicle Identification No. (VIN) | 1GHDXD6E7V214568                                                                                         | Dealers Name     | Red North Motor Co.                                                                                                                         |
| Purchase Date                           | 4/14/2001                                                                                                                                                                         | Dealers Name                     | Red North Motor Co.                                                                                      | State            | OHIO                                                                                                                                        |
| Used                                    | <input checked="" type="checkbox"/> New <input type="checkbox"/>                                                                                                                  | City                             | Bethesda                                                                                                 | Zip Code         | 44003                                                                                                                                       |

|                                                                                                            |                                                                     |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| VEHICLE INFORMATION                                                                                        |                                                                     |
| 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 authorized NHTSA, will NOT provide your name and address to the vehicle manufacturer. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Signature of Owner                                                                                         | [Redacted]                                                          |

|                                     |                                                |
|-------------------------------------|------------------------------------------------|
| OWNER INFORMATION (Type or Print)   |                                                |
| U.S. Department of Transportation   | NATIONAL HIGHWAY Traffic Safety Administration |
| Vehicle Owner's Questionnaire (VOQ) |                                                |
| DOT Auto Safety Hotline             |                                                |
| NATIONWIDE 1-888-DASH-2-DOT         |                                                |
| 1-888-327-4236                      |                                                |
| www.nhtsa.dot.gov/hotline           |                                                |
| DEFECT INVESTIGATION                |                                                |
| OFFICE                              |                                                |
| 14-MAR-2002                         |                                                |
| 22 PM 2:30                          |                                                |
| Data Received                       |                                                |
| Reference No.                       | 8005671                                        |
| Work Number                         | 743444                                         |
| Home Number                         | [Redacted]                                     |
| Od or                               |                                                |
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| FOR AGENCY USE ONLY                 | 1039                                           |