



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

25-MAR-2002

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

8006318

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 or driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3NL543XNM444498		OLDSMOBILE	ACHIEVA	1992	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
			Sport Utl		Body Style
			Truck		☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
			Motorcycle		
			Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) 140 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)

WHILE DRIVING VEHICLE WILL STALL, AND WILL TAKE ABOUT 10 MINUTES TO RESTART. CAUSE UNKNOWN. DEALER CONTACTED. *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.

VIN#

Form Approved: O.M.B. No. 2127-0008



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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE (1-888-DASH-2-DOT)
1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1039

Date Received

25-MAR-2002

Od_or _____
rt_dt _____
ad_rt _____
up_itr _____

Reference No.

8006318

OWNER INFORMATION (Type or Print)

745191

JACKSONVILLE

FL 32254

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☒ YES☐ NO

In the absence of an authorized signature, please print your name and address to the vehicle manufacturer.

Signature of Owner

Date 04/04/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield or driver's side) 1G3NL543XNM444496
Vehicle Make OLDSMOBILE
Vehicle Model ACHIEVA
Vehicle Year 1992
Current Odometer Reading

Purchase Date

Dealer's Name

Engine Siz
(CID/CC/L

2.3

No Cylinders

4

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio

☐ New ☒ Used

City _____ State _____ Zip Code _____

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☒ Yes☐ 3-Point Belt☐ Motorbelt☒ Yes☒ Front☒ Car☐ Sport Ult☐ 2-Door☒ Automatic☐ No☐ Driverside Airbag☐ 2-Point Bel☐ No☐ Rear☐ Minivan☐ Truck☒ 4-Door☐ Passengerside Airbag☐ Other☐ Motorcycle☐ Stationwagon☐ Pick Up☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
05100000Part Name(s)
ENGINE

Location

☐ Left
☐ Front☐ Right
☐ Rear

Failed Part(s)

☒ Original
☐ Replacement

No of Failures

Date(s) of Failure(s) Continue Failure

Mileage at Failure(s) 142

Vehicle Speed at Failure(s) 25mph

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

Fire

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

Reported to Police

☐ Yes☒ No☐ Yes☐ No

N/A

N/A

N/A

☐ Yes☐ No

N/A

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

WHILE DRIVING VEHICLE WILL STALL, AND WILL TAKE ABOUT 10 MINUTES TO RESTART. CAUSE UNKNOWN. DEALER CONTACTED. *AK

Problems on Back !!!

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 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Blown Emgition Mobile
Brake Censor
Steering wheel Brake will not stay in place
Cable to hand Brake
Air Cut off / Can not find problem
Starter went out
Radiator cracked
New repair parts could fire and melted / Emgition / Cull Box
Brake / Brake Censor
Power windows don't putter Brake
Tires cont. to Blow
Car cont. Jumps
Gear Shift Button Brake

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

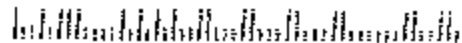
BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

20590+0001



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

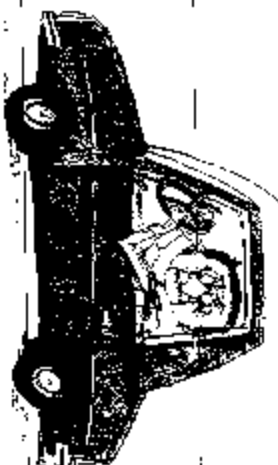
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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