



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 1367

Date Received

25-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8008609

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
1G3AK55M9T6360508		OLDSMOBILE	Ciera	1996	
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 ☐ Truck ☐ Motorcycle ☐ Other _____	
				☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000	Part Name(s) FUEL: THROTTLE LINKAGES AND CONTROL	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 24-APR-2002	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 124		
	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 ☐ 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 YIELDING ONTO HIGHWAY STEPPED ON GAS PEDAL TO ACCELERATE, AFTER RELEASING PEDAL, ACCELERATED AT 80MPH. THROTTLE BECAME STUCK, AND VEHICLE CONTINUED TO ACCELERATE, HAD TO GEAR INTO NEUTRAL TO SLOW VEHICLE DOWN. *AK

COPIES OF REPORTS - FREE -

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 (VOQ)

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

FOR AGENCY USE ONLY

1367

Date Received

MAY 23 12:11 PM
25-APR-2002
OFFICE
SPECIAL INVESTIGATION

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

8008609

OWNER INFORMATION (Type or Print)

Work _____

Home _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
in the absence of an authorized signature, name and address to the vehicle manufacturer.

☒ YES ☐ NO

Signature of Owner _____

Date 5/1/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) **1G3AK55M9T6360508** Vehicle Make **OLDSMOBILE** Vehicle Model **CIERA** Vehicle Year **1996** Current Odometer Reading **127,230**

Purchase Date

1998

Dealer's Name

KING OLDS

Engine Size
(CID/CC/L)

3.1

☐ Turbo
☐ Diesel
☐ Gas
☒ Fuel Injection

☐ New ☒ Used

City

Pittsford

State

CT

Zip Code

06260

No. Cylinders

6

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 Train

☒ Front

☐ Rear

☐ 4-Wheel

Vehicle Type

☒ Car

☐ Van

☐ Minivan

☐ Other

☐ Sport Utility

☐ Truck

☐ Motorcycle

Body Style

☐ 2-Door

☒ 4-Door

☐ Stationwagon

☐ Pick Up

☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: **06400000** Part Name(s): **FUEL THROTTLE LINKAGES AND CONTROL** Location: ☒ Left ☐ Right ☐ Front ☐ Rear Failed Part(s): ☒ Original ☐ Replacement

No. of Failures

1

Date(s) of Failure(s)

24-APR-2002

Mileage at Failure(s)

424 / 127,101

Vehicle Speed at Failure(s)

Went from 40 to 80

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

0

Number of Fatalities

0

Estimated Property Damage

0

Reported to Police

☐ Yes

☒ No

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

WHILE YIELDING ONTO HIGHWAY STEPPED ON GAS PEDAL TO ACCELERATE, AFTER
RELEASING PEDAL, ACCELERATED AT 80MPH. THROTTLE BECAME STUCK, AND VEHICLE
CONTINUED TO ACCELERATE, HAD TO GEAR INTO NEUTRAL TO SLOW VEHICLE DOWN. *AK

Luckily, There was noone in front of me when this
happened or I would not have had the time to
react and prevent an accident.

CONTINUE ON BACK IF NEEDED

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