

U.S. Department
of TransportationNational 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 255

Date Received

01-MAR-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

857688

 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>(Listed at front of windshield or driver's side)</small>	Vehicle Make OLDSMOBILE	Vehicle Model 88	Vehicle Year 1993	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12112200	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:DR	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 Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AT A LOW SPEED UNDER 10 MPH WHELL FELT LIKE IT WAS ROLLING OVER A BUMP, BUT WAS NOT. DRIVER'S SIDE AIR BAG INAVERTANTLY DEPLOYED. DEALER HAS BEEN CONTACTED.
*AK

CONTINUED ON BACK (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.



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Date Received: 01-MAR-2000 2:22 PM

01-MAR-2000

OFFICE OF DEFECTS INVESTIGATION

Ord or rt_dt
od_rt
up_itr

Reference No. 857688

Work Number
Hom

OWNER INFORMATION (Type or Print)

593104

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of a signature, please print name and address to the vehicle manufacturer.

Signature of Owner _____ Date 3/15/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G3HY53L4P1802800
Vehicle Make OLDSMOBILE
Vehicle Model 88
Vehicle Year 1993
Current Odometer Reading 94216

Purchase Date 9-97
Dealer's Name D.J. CURRI CLPS
City Utica State NY Zip Code 13403
Engine Size (CID/CC/L) _____
No Cylinders 6
 Turbo
 Diesel
 Gas
 Fuel Injection

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 Sport Utl
 Van Truck
 Minivan Motorcycle
 Other
Body Style 2-Door
 4-Door
 Stationwagon
 Pick Up Truck
 Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12112280
Part Name(s) INTERIOR SYSTEMS;PASSIVE RESTRAINT-AIR BAG;SIDE DOOR:D
Location Left Right
 Front Rear
Failed Part(s) Original Replacement

No of Failures 1
Date(s) of Failure(s) 2-21-00
Mileage at Failure(s) 94216
Vehicle Speed at Failure(s) UNDER 10 MILES
Failed Part(s) Available? Yes No
NHTSA Previously Contacted? 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 \$850.00
Reported to Police Yes No

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

WHILE DRIVING AT A LOW SPEED UNDER 10 MPH WHELL FELT LIKE IT WAS ROLLING OVER A BUMP, BUT WAS NOT. DRIVER'S SIDE AIR BAG INAVERTANTLY DEPLOYED. DEALER HAS BEEN CONTACTED.

*AK

CONTINUE ON BACK IF NEEDED

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Auto Safety Hotline, NEF-11 HL
400 7th Street, SW
Washington, DC 20590

POSTAGE WILL BE PAID BY NATIONAL HIGHWAY TRAFFIC SAFETY ADMIN.

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

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



U.S. Government Printing Office: 1985 - 625-300

07

*On February 21, 2000 I had burning smell
radiating from my right front tire.
Steering wheel had had plastic covering
torn off. The front suspension on the right
side of the way to the garage fell off while
I was driving - was almost very close to
make - only had stopped. Front suspension
and very close to make - only had stopped
any help you can give me. 1/1*

THE IDENTIFICATION NO. *
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

D	O	T																		
MANUFACTURER/TIRE NAME																				
SIZE																				

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

Fold to show Return Address (no stamp needed). Fasten with tape or staple and mail.