



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 231

Date Received

00 JUN -9 AM 9:31
10 MAY-2000OFFICE
DEFECTS INVESTIGATION

Od. or
1st
od. rt
up. str

Reference No.

861693

OWNER INFORMATION (Type or Print)

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 authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 5/26/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
163N152T7VM34927		OLDSMOBILE	ACHIEVA	1997	42,118
Purchase Date	Dealer's Name		Engine Size (CID/OCL)	☐ Turbo	
☐ New ☒ Used	KEN VANCE MOTORS			☐ Diesel	
	City	State	Zip Code	No Cylinders	☐ Gas
	EAU CLAIRE	WI	54703		☐ Fuel Injection
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
☐ Manual	☐ Yes	☐ 3-Point Belt ☐ Motorbelt		☐ Yes	☒ Front
☒ Automatic	☒ No	☒ Driverside Airbag ☐ 2-Point Belt		☒ No	☐ Rear
		☒ Passengerside Airbag			☐ 4-Wheel
Vehicle Type		Body Style			
☒ Car		☐ 2-Door			
☐ Van		☒ 4-Door			
☐ Minivan		☐ Stationwagon			
☐ Other		☐ Pick Up Truck			
		☐ Other			

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s)	Location	Failed Part(s)
	INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	☒ Left ☒ Right	☒ Original
		☒ Front ☐ Rear	☐ Replacement
No of Failures 1	Date(s) of Failure(s) 4/5/00	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 41,400	☐ Yes ☒ No	☒ Yes ☐ No
	Vehicle Speed at Failure(s) 40-45 MPH		

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			DON'T KNOW	☒ Yes ☒ No

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

WHILE TRAVELING 40-45 MPH AND WITHOUT ANY INDICATION AIR BAGS DEPLOYED. MANUFACTURER HAS BEEN CONTACTED. PLEASE PLEASE PROVIDE FURTHER INFORMATION. *AK

I GOT MY CAR BACK ON 5/11/00, 5 WEEKS AFTER AIR BAGS DEPLOYED. GENERAL MOTORS WAS NOT GOING TO ACCEPT RESPONSIBILITY TO HAVE CAR FIXED, BUT DEALER GOT INVOLVED AND G.M. AGREED TO COVER COST OF AIR BAGS AND REPLACE BROKEN WINDSHIELD. NO INSPECTION WAS DONE TO FIND OUT WHY AIR BAGS DEPLOYED.

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.

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Od_or _____

rt_dt _____

od_rt _____

up_ltr _____

Reference No.

861693

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.) _____ (located between front fender and driver's side)	Vehicle Make OLDSMOBILE	Vehicle Model ACHIEVA	Vehicle Year 1997	Current Odometer Reading
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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 ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS;PASSENGER RESTRAINTS;AIR BAG;FRONT A	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No. of Failures	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes No
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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	Reported to Police ☐ Yes ☒ No
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