

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

119

Date Received

11-MAY-2000

Od_or

rt_dt

od_rt

up_ltr

Reference No.

861743

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 or above doors)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3WH55M1RD394965	OLDSMOBILE	CUTLASS	1994	

Purchase Date

Dealer's Name

Engine Size

(CID/CCL

☐ 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

Body Style

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13400000	Part Name(s) STRUCTURE:DOOR ASSEMBLY	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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

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☐ Yes ☒ No

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

CONSUMER STATES THE DRIVER SIDE LEFT REAR DOOR WILL NOT OPEN FROM THE INSIDE OR THE OUTSIDE PREVENTING ANY OCCUPANTS FROM ENTERING OR EXITING THE VEHICLE. CONSUMER HAS CONTACTED THE DEALER, DEALER HAS REPLACED THE LATCH ASSEMBLY AND THE RIVOT. PLEASE PROVIDE ANY FURTHER DETAILS.

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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Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at front of vehicle or on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3WH55M1RD394965	OLDSMOBILE	CUTLASS	1994	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	☐ Turbo
☒ New ☐ Used	City _____ State _____ Zip Code _____	No. Cylinders _____	☐ Diesel
			☐ Gas
			☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorcyclist ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other	☐ Sport Vlt ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13450000	Part Name(s) STRUCTURE:DOOR ASSEMBLY:LATCHES AND LOCKS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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

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

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