

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

335

Date Received

31-MAY-2000

Od\_or

rt\_dt

od\_rt

up\_ltr

Reference No.

862787

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 at front of windshield or driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G3NL14N44M007187                                                          | OLDSMOBILE   | ACHIEVA       | 1993         |                          |

|                                                                       |               |                       |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name | Engine Size (CID/CCL) | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City          | State                 | Zip Code                                                                                                                                     |

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                    |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | Body Style<br><input type="checkbox"/> Sport Vlt<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                                                                   |                                                                                                                                                |                                                                                             |
|-----------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>01400000 | Part Name(s)<br>STEERING GEAR RACK AND PINION                                                     | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures<br>0  | Date(s) of Failure(s) 23-MAY-2000<br>Mileage at Failure(s) 79000<br>Vehicle Speed at Failure(s) 0 | Failed Part(s) Available?<br>  Yes   No                                                                                                        | NHTSA Previously Contacted?<br>  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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities<br>0 | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

WHILE DRIVING HEARD NOISES COMING FROM STEERING, SOUNDED LIKE METAL ON METAL. TOOK TO A REPAIR SHOP, AND MECHANIC SAID THAT RACK AND PINION STEERING SEPARATED FROM THE FIREWALL, AND THAT IT WAS PROBABLY NOT REPAIRABLE. THERE WAS A STRUCTURAL FLAW, AND CAR WAS DANGEROUS TO DRIVE. \*AK

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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1-888-327-4236  
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FOR AGENCY USE ONLY 335

Date Received **31 MAY 2000**  
Office: **DEFECTS INVESTIGATION**  
Vehicle No. **86277**

OWNER INFORMATION (Print or Type)

611634

Work Number

87

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

☒ YES ☐ NO

Signature of Owner

Date **6/29/2000**

## VEHICLE INFORMATION

|                                                                                                                         |                                                                                           |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                  |                                                                                                                                                         |                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small><br><b>1G3NL14N44M097187</b> |                                                                                           | Vehicle Make<br><b>OLDSMOBILE</b>                                                                                                                                                                                                                     | Vehicle Model<br><b>ACHIEVA</b>                                                                                                                                                                                  | Vehicle Year<br><b>1993</b>                                                                                                                             | Current Odometer Reading<br><b>77,800</b>                                                                                                                     |
| Purchase Date                                                                                                           | Dealer's Name <b>Private owner</b>                                                        |                                                                                                                                                                                                                                                       | Engine Size (CID/CC/L)<br><b>6</b>                                                                                                                                                                               | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |                                                                                                                                                               |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                   | City <b>LI</b>                                                                            | State <b>NY</b>                                                                                                                                                                                                                                       | Zip Code <b>NY</b>                                                                                                                                                                                               |                                                                                                                                                         |                                                                                                                                                               |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                   | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorcyclist<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                         | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                           | Vehicle Type<br><input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other |
|                                                                                                                         |                                                                                           |                                                                                                                                                                                                                                                       | Body Style<br><input checked="" type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |                                                                                                                                                         |                                                                                                                                                               |

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                              |                                                                                                                        |                                                                                                                                                           |                                                                                                        |
|------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Component<br><b>01400080</b> | Part Name(s)<br><b>STEERING:GEAR:RACK AND PINION</b>                                                                   | Location<br><input checked="" type="checkbox"/> Left<br><input type="checkbox"/> Right<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures<br><b>0</b>   | Date(s) of Failure(s) <b>23-MAY-2000</b><br>Mileage at Failure(s) <b>79000</b><br>Vehicle Speed at Failure(s) <b>0</b> | Failed Part(s) Available?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                          | NHTSA Previously Contacted?<br><input checked="" 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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br><b>0</b> | Number of Fatalities<br><b>0</b> | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------|----------------------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

WHILE DRIVING HEARD NOISES COMING FROM STEERING, SOUNDED LIKE METAL ON METAL. TOOK TO A REPAIR SHOP, AND MECHANIC SAID THAT RACK AND PINION STEERING SEPARATED FROM THE FIREWALL, AND THAT IT WAS PROBABLY NOT REPAIRABLE. THERE WAS A STRUCTURAL FLAW, AND CAR WAS DANGEROUS TO DRIVE. \*AK

*I had to scrap the car, the car was very dangerous to drive*

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