

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

22-AUG-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

868330

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	OLDSMOBILE	AURORA	1995	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflation <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12262000	Part Name(s) INTERIOR SYSTEMS:SEAT AND SHOULDER BELTS AND BELT ANK	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
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No. of Failures	Date(s) 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 <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)

THE FRONT RIGHT SIDE PASSENGER RESTRAINT BELT IS FULLY EXTENDED AND WILL NOT RETRACT. THE DEALER HAS BEEN CONTACTED.

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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FOR AGENCY USE ONLY 255

Date Received: 00 SEP 14 AM 11:22
22-AUG-2000
OFFICE EFFECTS INVESTIGATION

Od_or
od_rt
up_itr

Reference No.
868330

OWNER INFORMATION (Type or Print)

628587

Work Number
Home No.

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: [Redacted] Date: 9/7/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1G3GR620554-140748
Vehicle Make OLDSMOBILE
Vehicle Model AURORA
Vehicle Year 1995
Current Odometer Reading 65,200

Purchase Date
Dealer's Name BOCH OLDS
ROUTE 1
City NORWOOD State MA Zip Code 02062
Engine Size (CID/CC/L) V8
No. Cylinders 8
 Turbo
 Diesel
 Gas
 Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 1224000
Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS
Location Left Right Front Rear
Failed Part(s) Original Replacement

No of Failures 1
Date(s) of Failure(s) 7-00
Mileage at Failure(s) 65,000
Vehicle Speed at Failure(s) 65 MPH
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 0
Number of Fatalities 0
Estimated Property Damage 0
Reported to Police: Yes No

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

FRONT RIGHT SIDE PASSENGER'S RESTRAINT BELT IS FULLY EXTENDED AND WILL NOT RETRACT.
DEALER HAS BEEN CONTACTED.*AK
WE PAID THE DEALER TO REPLACE THE SEAT BELT \$169.89.
OLDSMOBILE CUSTOMER SERVICE + THE DEALER BOTH SAY
THEY DON'T HAVE ANY DIRECTION FROM OLDSMOBILE
ON THIS FUTURE RECALL, I GUESS ONLY NHTSA KNOWS
ABOUT IT. I FOUND IT ON YOUR WEBSITE, BUT THEY DON'T CARE.

CONTINUE ON BACK IF NEEDED

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Signature copy