



**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 150

Data Received 25-OCT-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 873789	

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 drivers side)</small> 1G3WH54TXLD362516	Vehicle Make OLDSMOBILE	Vehicle Model CUTLASS SUPRE	Vehicle Year 1990	Current Odometer Reading
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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 <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"/> Motorbelt <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 03270000	Part Name(s) BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> 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)

REAR DISC BRAKES KEEP RUSTING UP AND FAILING. VEHICLE ENDS UP USING FRONT BRAKES, CAUSING PREMATURE FAILURE OF THE FRONT BRAKES. PLEASE PROVIDE FURTHER INFORMATION.*AK

CONTINUED ON BACK PLEASE

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.



U.S. Department of Transportation
 National Highway Traffic Safety Administration
Vehicle Owner's Questionnaire (VOQ)
 DOT Auto Safety Hotline
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FOR AGENCY USE ONLY 160
 Date Received: JAN 13 PM 4:25
 25-007-2006
 DEFECTS INVESTIG
 Reference No. 873789

OWNER INFORMATION (Type or Print)
 660084
 Work Number
 Home Number

Do you authorize NHTSA to contact you at the address to the vehicle manufacturer?
 YES
 NO
 Signature of Owner
 Date 1/16/00

Vehicle Information
 Vehicle Ident. No. (VIN) 1G3WH54TXLD362816
 Vehicle Make OLDSMOBILE
 Vehicle Model CUTLASS SUPRE
 Vehicle Year 1998
 Current Odometer Reading

Purchase Date
 New
 Used
 Dealer's Name ARROW OLDSMOBILE
 City Milwaukee State WI zip code 532
 Engine Size CID/CYL 3.1
 No cylinders 6
 Turbo
 Gas
 Fuel Injection

Transmission Type
 Automatic
 Manual
 Antilock Brakes
 Yes
 No
 Restraint System
 3-Point Belt
 Motorcyclist
 2-Point Belt
 Passenger Side Airbag
 Cruise Control
 Yes
 No
 Drive Train
 Front
 Rear
 4-Wheel
 Vehicle Type
 Car
 Van
 Minivan
 Other
 Spot Utility
 Truck
 Motorcycle
 Station Wagon
 4-Door
 2-Door
 Pick Up Truck
 Other

Component 03270000
 Part Name(s) BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM
 Location
 Left
 Right
 Front
 Rear
 Failed Part(s)
 Original
 Replacement
 No of Failures Unknown
 Dates of Failure(s) 10-30-00
 Mileage at Failure(s) 118,840
 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 NONE
 Number of Fatalities NONE
 Estimated Property Damage NONE
 Reported to Police Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
 REAR DISC BRAKES KEEP RUBBING UP AND FAILING, VEHICLE ENDS UP USING FRONT BRAKES,
 CAUSING PREMATURE FAILURE OF THE FRONT BRAKES. PLEASE PROVIDE FURTHER
 INFORMATION, IF ANY.

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