



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 241

Data Received 03-NOV-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 874415	

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>	Vehicle Make OLDSMOBILE	Vehicle Model 88	Vehicle Year 1998	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle <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 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A	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) 31-OCT-2000	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 63000		
	Vehicle Speed at Failure(s) _____		

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)

WHILE DRIVING OVER RAILROAD TRACKS AT 35 MPH BOTH AIR BAGS DEPLOYED AND CAUSED DAMAGE TO FRONT WINDSHIELD AND BOTH REAR DOOR SEALS. VEHICLE BEING REPAIRED BY THE DEALER AT INSURANCE COST. FEEL FREE TO PROVIDE ANY FURTHER DETAILS. *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.



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Date Received: 11/03/2000

OFFICE
DEFECTS INVESTIGATION

Ord. or
rt. dt.
od. in
up. itr

NHTSA File No.

222 874470
874415

OWNER INFORMATION (Type or Print)

318628

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 authorized signature, please print name and address to the vehicle manufacturer.

Signature of Owner

Date 11/03/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)
1G3HN52K6W4805225
PLEASE FILL IN

Vehicle Make

OLDSMOBILE

Vehicle Model

88

Vehicle Year

1998

Current Odometer Reading

about 63,000

Purchase Date

Jan '99 New Used

Dealer's Name

Joe BallardCity MobileState ALZip Code 36686Engine Size
(CID/CC/L)6

No. Cylinders

Turbo
 Diesel
 Gas
 Fuel Injection

Transmission Type

 Manual Automatic

Antilock Brakes

 Yes No

Restraint System

 3-Point Belt Motorbelt Driverside Airbag 2-Point Belt Passengerside Airbag

Cruise Control

 Yes No

Drive Train

 Front Rear 4-Wheel

Vehicle Type

 Car Van Minivan Other Sport Utv Truck Motorcycle

Body Style

 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 12111000

Part Name(s): INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONTA

Location: Left Right Front Rear

Failed Part(s): Original Replacement

No. of Failures: _____

Date(s) of Failure(s): 31-OCT-2000

Mileage at Failure(s): 83000

Vehicle Speed at Failure(s): Under 35 mph per hr.

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: Claim under \$5000.00

Reported to Police? Yes No

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

WHILE DRIVING OVER RAILROAD TRACKS AT 35 MPH BOTH AIR BAGS DEPLOYED AND CAUSED DAMAGE TO FRONT WINDSHIELD AND BOTH REAR DOOR SEALS. VEHICLE BEING REPAIRED BY THE DEALER AT INSURANCE COST. FEEL FREE TO PROVIDE ANY FURTHER DETAILS. *AK

(Driver received injury to R Arm)

CONTINUE ON BACK IF NEEDED

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