

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 118

Date Received

09-NOV-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

874708

 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 driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G3AJ54N6M6333570  | OLDSMOBILE   | CUTLASS       | 1991         |                          |

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

|  |  |  |  |   |  |   |
|--|--|--|--|---|--|---|
| Transmission Type  | Antilock Brakes  | Restraint System   | Cruise Control   | Drive Train   | Vehicle Type   | Body Style  |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | <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>07300000 | Part Name(s)<br>POWER TRAIN:TRANSMISSION:AUTOMATIC | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|-----------------------|--|--|---|

|                 |   |   |   |
|-----------------|---|---|---|
| No. of Failures | Date(s) of Failure(s) _____<br>Mileage at Failure(s) 70900<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted?<br><input 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 | Number of Fatalities | 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 VEHICLE JUST STOPPED, AND ALL POWER WAS LOST. AS SOON AS VEHICLE WAS TAKEN OUT OF DRIVE AND PUT INTO PARK, IT WOULD START AGAIN. THIS HAS BEEN AN ONGOING PROBLEM SINCE JUNE OF THIS YEAR. DEALERSHIP WAS NOT ABLE TO DETERMINE WHAT WAS CAUSING THIS PROBLEM.

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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**FOR AGENCY USE ONLY 118**

Date Received: 09-NOV-2000

Od\_or: \_\_\_\_\_  
 rt\_d1: \_\_\_\_\_  
 od\_rt: \_\_\_\_\_  
 up\_tr: \_\_\_\_\_

Reference No.: 874708

Work Number: \_\_\_\_\_  
 Home Number: \_\_\_\_\_

OWNER INFORMATION (Type or Print)

654883

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 release to the vehicle manufacturer.

Signature of Owner: \_\_\_\_\_ Date: 1/1

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN): 1G3AJ54N8M6333670  
 Vehicle Make: OLDSMOBILE  
 Vehicle Model: CUTLASS  
 Vehicle Year: 1991  
 Current Odometer Reading: 80 345

Purchase Date: 5-13-91  
 Dealer's Name: Gary Simmons  
 City: McKenney State: Ill. Zip Code: 38201

New  Used  
 Engine Size (CID/CC/L): \_\_\_\_\_  
 No. Cylinders: \_\_\_\_\_  
 Turbo  
 Diesel  
 Gas  
 Fuel Injection

Transmission Type:  Automatic  
 Antilock Brakes:  No  
 Restraint System:  3-Point Belt  
 Driverside Airbag  
 Passengerside Airbag  
 Motorbelt  
 2-Point Belt

Cruise Control:  Yes  
 Drive Train:  Front  
 Rear  
 4-Wheel  
 Vehicle Type:  Car  
 Van  
 Minivan  
 Other  
 Sport Ut  
 Truck  
 Motorcycle  
 Body Style:  2-Door  
 4-Door  
 Stationwagon  
 Pick Up Truck  
 Other

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

Component: 07300000  
 Part Name(s): POWER TRAIN: TRANSMISSION: AUTOMATIC  
 Location:  Left  Right  
 Front  Rear  
 Failed Part(s):  Original  
 Replacement

No. of Failures: At least 9  
 Date(s) of Failure(s): 3 times since 1 week ago, 1 day, 2 Sept. 2000  
 Mileage at Failure(s): 70900  
 Vehicle Speed at Failure(s): 45 mph, variable

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

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

WHILE DRIVING VEHICLE JUST STOPPED, AND ALL POWER WAS LOST. AS SOON AS VEHICLE WAS TAKEN OUT OF DRIVE AND PUT INTO PARK, IT WOULD START AGAIN. THIS HAS BEEN AN ONGOING PROBLEM SINCE JUNE OF THIS YEAR. DEALERSHIP WAS NOT ABLE TO DETERMINE WHAT WAS CAUSING THIS PROBLEM.

Had fuel system cleaned and new plugs but neither one corrected the problem. Serviced at Tom Jaysons in Martini Ill. 38232 after Gary Simmons in McKenney Ill 38201 had to go out of business. It stops at other times not just when I come to a stop

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OCTOBER 26, 2000

OLDSMOBILE CUSTOMER ASSISTANCE NETWORK

P O BOX 30095  
LANSING, MI 48909

GENERAL MOTORS INC.,

I AM WRITING ABOUT A 1991 OLDSMOBILE CUTLASS CIERA S VEHICLE  
MODEL # 1G3AJ54N6M633570 BOUGHT NEW MAY 6, 1991 WITH 65 MILES. IT NOW HAS  
80,000 MILES ON IT. IN JUNE 2,000 I STARTED HAVING TROUBLE WITH IT STOPPING,  
CAUSING ME TO HAVE NO CONTROL OVER IT. WHEN I PUT IT IN PARK IT STARTED WITH  
NO TROUBLE UNTIL OCTOBER 14, 2000 WHEN I WAS GOING OVER A RAILROAD TRACK. I  
HAD TO TRY THE THIRD TIME BEFORE IT STARTED. THE 29<sup>TH</sup> OF SEPTEMBER IT STOPPED  
TWICE WITHIN 2 BLOCKS.

IT HAS NEW PLUGS AND THE FUEL SYSTEM CLEANED COSTING OVER \$250 AND IT  
STILL STOPS WITHOUT WARNING. I HAVE HAD IT SERVICED ON A REGULAR BASIS. IT IS  
BEING SERVICED BY:

TAYLOR'S AUTOMATIVE GROUP  
11989 HWY 22 MARTIN, TN 38237  
PHONE # 901-587-9544  
FAX # 901-587-9864

THEY PUT IT ON THE COMPUTER AND THEY HAVE KEPT IT A WEEK AND DROVE IT BUT IT  
DIDN'T STOP WITH THEM AND NOTHING SHOWS UP ON THE COMPUTER. I GOT MY CAR  
OUT OF THE REPAIR SHOP YESTERDAY AFTERNOON AFTER THEY HAVE HAD IT FOR A  
WEEK. I DROVE IT HOME, ABOUT 16 MILES, FILLED IT UP WITH GAS AND DROVE IT  
ANOTHER 16 MILES THIS MORNING AND IT STOPPED AGAIN.

THIS IS CERTAINLY A DANGEROUS VEHICLE TO BE DRIVING AND IF I WAS ABLE  
TO TRADE IT IN AND GET ANOTHER CAR, SOMEONE ELSE WILL END UP WITH A CAR THEY  
MIGHT GET HURT IN. I AM A RETIRED 73 YEAR OLD FEMALE LIVING ALONE WITH A  
HOUSE TO KEEP UP WITH REPAIRS, INSURANCE, TAXES PLUS PERSONAL INSURANCE AND  
MEDICINES. I CAN'T AFFORD TO START PUTTING A LOT OF MONEY INTO REPAIRS IF  
THEY CAN'T TELL IF WHAT THEY ARE PUTTING ON WILL ELIMINATE THE PROBLEM.

I WOULD LIKE TO KNOW WHAT ELSE I CAN DO ABOUT IT?

THANK YOU