



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 858

Date Received

12-MAR-2001

Od_or

rt_dt

od_rt

ip_lr

Reference No.

882780

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) (Location at bottom of windshield and driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GHDT13W4Y2245246	OLDSMOBILE TRU	BRAVADA	2000	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No
	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02000000	Part Name(s) SUSPENSION	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 01-NOV-2000 13 Mileage at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

EXPERIENCING A VIBRATION WHEN TAKING OFF FROM A STOP OR WHEN TURNING RIGHT OR LEFT. *AK

COPIES OF REPORTS ARE KEPT

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 TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4238

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 858

Date Received

01 APR 2001
12-MAR-2001
DEFECTS LIVESOd_or
rt_dt
od_n
up_hr

Reference No.

882780

Work Number

Home Number

OWNER INFORMATION (Type or Print)

679564

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.☐ YES☐ NO

Signature of Owner

Date 3/24/01

VEHICLE INFORMATION

Vehicle reg. no. (VIN) (Located at bottom of
windshield on driver's side)

Vehicle Make

Vehicle Model

Vehicle Year

Current Odometer Reading

OLDSMOBILE TR

BRAVADA

2000

Purchase Date

Dealer's Name

91 Fred Matthews

Engine Size
(CID/CC/L)☐ Turbo
☐ Diesel
☒ Gas
☐ Fuel Injection☒ New ☐ Used

City

Modesto

State

CA

Zip Code

95324

No Cylinders

V6

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☒ Yes☒ 3-Point Belt☐ Motorbelt☒ Yes☐ Front☐ Sport Ult☐ 2-Door☒ Automatic☐ No☐ Driverside Airbag☐ 2-Point Belt☐ No☒ 4-Wheel☐ Van☐ Truck☐ 4-Door☒ Passengerside Airbag☐ Minivan☐ Motorcycle☐ Stationwagon☐ Other☒ SUV☐ Pick Up Truck☒ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
02000600Part Name(s)
SUSPENSION

Location

☐ Left
☐ Front☐ Right
☐ Rear

Failed Part(s)

☒ Original
☐ Replacement

No of Failures

Date(s) of Failure(s) 01-NOV-2000

Mileage at Failure(s) 13

Vehicle Speed at Failure(s)

Failed Part(s)
Available?☐ Yes ☐ NoNHTSA 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

Fire

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

Reported to Police

☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ No

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

EXPERIENCING A VIBRATION WHEN TAKING OFF FROM A STOP OR WHEN TURNING RIGHT OR
LEFT. *AK

After our 5th visit to Alfred Matthews including the second where a factory Rep. looked at the car, they finally managed to make the vibration lessen, by changing the oil in the transfer case.

CONTINUE ON BACK IF NEEDED

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