Form Approved: OMB No. 2127-0042

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 231

Date Received: 10-APR-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
op_ltr ____ ____

Reference No.: 885528

[redacted]

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 of VIN on vehicle)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
	OLDSMOBILE	CUTLASS SUPREI	1993	

Purchase Dat			
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
03250000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)_____ Mileage at Failure(s)_____	Failed Part(s)	NHTSA Previously
		☐ Yes ☐ No	☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHEN DEPRESS BRAKES NOTICED BRAKE INDICATOR LIGHT ON, AND LOUD NOISE COMING FROM BRAKES. PLEASE PROVIDE FURTHER INFORMATION.*AK

CONTINUED ON REVERSE

Form Approved O.M.B No 2127-0008

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 231

Date Received: 10-APR-2001

Od_or
rt_dt
od_rt
up_ltr

Reference No. 885528

OWNER INFORMATION (Type or Print)

[redacted] 885675

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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 4/17/2001

VEHICLE INFORMATION

Vehicle Identif. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3WH54T7PD363015	OLDSMOBILE	CUTLASS SUPRE	1993	59,685

Purchase Date: MAY 1999
☐ New ☒ Used

Dealer's Name: YORK OLDSMOBILE
City: REVERE State: MA Zip Code: 02151

Engine Size (CID/CC/L):
No Cylinders: 6
☐ Turbo ☐ Diesel ☑ Gas ☐ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
CALIPERS	BRAKES: L/RR/CALIPER R/RR/CALIPER	☐ Left ☐ Right ☐ Front ☑ Rear	☑ Original ☐ Replacement

No of Failures: 1

Date(s) of Failure(s): 3/7/2001
Mileage at Failure(s): 57,600
Vehicle Speed at Failure(s): STOP + ALL SPEEDS

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	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)

WHEN DEPRESS BRAKES NOTICED BRAKE INDICATOR LIGHT ON, AND LOUD NOISE COMING FROM BRAKES. PLEASE PROVIDE FURTHER INFORMATION."AK There was a class action suit in New Jersey Superior court for Bergen County. Docket #'s L-4394-95 + L-01856-95. for defective calipers The settlement meant that General motors would pay Repair BILLS for owners of the defective cars. The company also agreed to notify owners and. (over)

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*	MANUFACTURER/TIRE NAME	SIZE
D O T		

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

COVER attorney's fees. The car was first purchased by my mother, Frances Gold, new from YORK OLDSMOBILE WHICH HAS SINCE GONE OUT OF BUSINESS. WHEN MY MOTHER DIED ON APRIL 15, 1999 I [redacted] THE CAR. SHE ALWAYS HAD IT SERVICED EVERY 3,000 MILES AT YORK. SINCE HAVING THE CAR I HAVE HAD IT SERVICED BY MARBLE MOTORS, AN AUTHORIZED OLDSMOBILE DEALERSHIP LOCATED AT 150 LAFAYETTE SQUARE, HAVERHILL, MA 01831. I was never notified of the defect and learned of the settlement through a column in the April 10, 2000 edition of the Boston Globe. Since I was not properly notified, the repairs should have been done at no charge.

Sincerely yours,

[redacted]

★ U.S.G.P.O.: 1992 – 623-067 / 60086

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

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POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

[redacted]