



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 197

Date Received

23-APR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

886538

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>(Location at bottom of and/or above door frame)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GHDX03E0X020891	OLDSMOBILE TRU	SILHOUETTE	2000			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 Util <input checked="" 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 _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 15130000	Part Name(s) EQUIPMENT:ELECTRIC POWER ACCESSORIES:LOCKS:DOOR	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
No of Failure 0	Date(s) of Failure(s) 23-APR-2001 25000 Mileage at Failure(s) 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	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)

WHEN CLOSING AUTOMATIC SLIDING DOOR, IF AN OBJECT OR A PERSON IS IN DOORWAY SLIDING DOOR FAILED TO REVERSE BACKWARDS IN OPPOSITE DIRECTION WHICH HAD PIN HEADED AN OCCUPANT IN DOOR'S WAY CONSUMER HAS CONTACTED DEALER TO FIND OUT CAUSE OF IT. *AK

COPIES OF THIS FORM ARE:

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 197</p> <p>Date Received 23-APR-2001</p> <p>Od_or _____ rt_dt _____ od_rl _____ up_jtr _____</p> <p>Reference No. 886538</p> <p>Work Number _____ Home Number _____</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>_____ 688018</p>					
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date 4/27/01</p>					
<p>VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GHDX03E0X020891</p>		<p>Vehicle Make OLDSMOBILE TR</p>	<p>Vehicle Model SILHOUETTE</p>	<p>Vehicle Year 2000 1999</p>	<p>Current Odometer Reading 25,000</p>
<p>Purchase Date 7-31-99</p>	<p>Dealer's Name Shawli motor Company</p>		<p>Engine Size (CID/CYL) _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>	<p>No Cylinders _____</p>
<p><input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>City York State PA Zip Code 17403</p>		<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag</p>
<p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input checked="" 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 _____</p>	<p>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 _____</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component 15130000</p>	<p>Part Name(s) EQUIPMENT:ELECTRIC POWER ACCESSORIES:LOCKS:DOOR</p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	
<p>No of Failures 0</p>	<p>Date(s) of Failure(s) 23-APR-2001 <i>1st noticed on 8-1-99</i> Mileage at Failure(s) up to 25000 Vehicle Speed at Failure(s) 0</p>		<p>Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 0</p>	<p>Number of Fatalities 0</p>	<p>Estimated Property Damage</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> <p>WHEN CLOSING AUTOMATIC SLIDING DOOR, IF AN OBJECT OR A PERSON IS IN DOORWAY SLIDING DOOR FAILED TO REVERSE BACKWARDS IN OPPOSITE DIRECTION WHICH HAD PIN HEADED AN OCCUPANT IN DOOR'S WAY CONSUMER HAS CONTACTED DEALER TO FIND OUT CAUSE OF IT. *AK</p>					

CONTINUE ON BACK IF NEEDED

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