Form Approved: O.M.B. No. 2127-0002

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 252

Date Received	
24-APR-2001	Od_or ______ rt_dt ______ od_rt ______ up_ltr ______

Reference No. 886706

[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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1G3WH55M1RD415040	OLDSMOBILE	CUTLASS	1994	

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
12112200	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:D	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s) / Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
0	23-APR-2001 / 0	☐ 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	0	0		☐ Yes ☒ No

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

WAS TRAVELING ABOUT 44MPH ON A MAIN STREET AND WHEN APPROACHING AN INTERSECTION ANOTHER VEHICLE JUMPED INFRONT OF CONSUMER'S VEHICLE. APPLIED BRAKES AND RAMMED INTO OTHER VEHICLE. DRIVER'S SIDE AIRBAG DIDN'T DEPLOY. VEHICLE WAS TOTALED, AND DEALERSHIP WAS AWARE OF PROBLEM.*AK

CONTINUE ON BACK IF NEEDED

Form Approved O.M.B. No. 2127-0006

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

RECEIVED
01 JUN 13 PM 3:45
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 252

Date Received: 24-APR-2001

Od_or
rt_dt
od_rt
up_ltr

Reference No.: 886706

OWNER INFORMATION (Type or Print)

[redacted] 688446

Work Number

Home Numb [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of [redacted] and address to the vehicle manufacturer. ☑ YES ☐ NO

Signature of Own [redacted] Date 5/07/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3WH56M1RD415040	OLDSMOBILE	CUTLASS	1994	

Purchase Date: 12/99 ☐ New ☒ Used

Dealer's Name: McMahon

City: Morrisville State: VT Zip Code: 05661

Engine Size (CID/CC/L): V6

No Cylinders:

☐ 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)
12112200	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:D	☐ Left ☐ Right ☐ Front ☐ Rear	☑ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
0	23-APR-2001 / 0	☑ 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 Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0 1	0	$4100	☑ Yes ☒ No

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

WAS TRAVELING ABOUT 44MPH ON A MAIN STREET AND WHEN APPROACHING AN INTERSECTION ANOTHER VEHICLE JUMPED INFRONT OF CONSUMER'S VEHICLE. APPLIED BRAKES AND RAMMED INTO OTHER VEHICLE. DRIVER'S SIDE AIRBAG DIDN'T DEPLOY. VEHICLE WAS TOTALED, AND DEALERSHIP WAS AWARE OF PROBLEM.*AK

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.*

D	O	T											MANUFACTURER/TIRE NAME	SIZE

* 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)

Vehicle #2 was making a left turn from Ft. Campbell Blvd onto Dover Rd. Vehicle #1 failed to yield for vehicle #2 and as a result vehicle #1 struck vehicle #2. Passenger in Vechicle #1 suffered laceration on head and bruised left leg. Was transported to Gateway by mcems. Driver of vehicle #1 suffered a minor neck enjury, lump on head and minor back injury. Was transported to Gateway by mcems. Driver of Vechicle #2 suffered minor back pain and was not transported.

☆ U.S. G.P.O.: 1992 - 423-897/60780

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

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NAT'L 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