



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 936

Date Received

30-APR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

887051

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 windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GHDX03E01D180203	OLDSMOBILE TRU	SILHOUETTE	2001			
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 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 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 checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	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) 18-MAR-2001 6000 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 checked="" type="checkbox"/> Yes <input 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)

WHILE TRAVELING EAST ON I-40 AT 70 MPH, CONSUMER WAS CUT OFF BY ANOTHER DRIVER AND VEHICLE ROLLED OVER, AND NONE OF AIRBAGS DEPLOYED.*AK

CONTINUE ON REVERSE

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>FOR AGENCY USE ONLY 335</p> <p>Date Received: _____ Ref: _____ Ed: _____ up: _____ Reference No. 887051</p>		<p>Vehicle Owner's Questionnaire (VOQ)</p> <p>U.S. Department of Transportation National Highway Traffic Safety Administration 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	
<p>Home Number: _____ Work Number: _____</p>		<p>OWNER INFORMATION (Type or Print)</p> <p>689234</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</p> <p>In the absence of an authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner: _____ Date: 5/16/01</p>		<p>VEHICLE INFORMATION</p> <p>Vehicle Ident. No. (VIN): 1GHDX33E01D180203 (Located at bottom of windshield on driver's side)</p> <p>Vehicle Make: OLDSMOBILE TR Vehicle Model: SILHOUETTE Vehicle Year: 2001 Current Odometer Reading: 6300</p>	
<p>Purchase Date: Nov 2000 Used <input checked="" type="checkbox"/> New <input type="checkbox"/></p> <p>Dealer's Name: KLINE OLDS City: MARLEWOOD State: MN Zip Code: _____</p>		<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p> <p>Transmission Type: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag Cruise Control: <input checked="" type="checkbox"/> Yes <input 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle Body Style: <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p> <p>Part Name(s): INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONTA Location: <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement Failed Part(s):</p>		<p>Component: 12114000</p>	
<p>APPLICATION INCIDENT INFORMATION</p> <p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>		<p>No. of Failures: 1 Date(s) of Failure(s): 18-MAR-2001 Mileage at Failure(s): 6000 Vehicle Speed at Failure(s): 68/70 Miles Per Hour</p>	
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)</p> <p>WHILE TRAVELING EAST ON I-40 AT 70 MPH, CONSUMER WAS CUT OFF BY ANOTHER DRIVER AND VEHICLE ROLLED OVER, AND NONE OF AIRBAGS DEPLOYED. AK</p> <p>When other driver cut me off - I began to take over control - could not control steering before off - car went out of control - could not control steering before rolling over</p>		<p>Crash: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fire: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number of Persons Injured: 1 Number of Fatalities: 0 Estimated Property Damage: TOTAL Reported to Police: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>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 responses 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>			