



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** 1039

Date Received

30-AUG-2001

Ord. or  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

895558

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)<br><small>(Location at bottom of<br/>and/or above windshield)</small> | Vehicle Make  | Vehicle Model   | Vehicle Year  | Current Odometer Reading   |   |  |
| 1GHDX23EX1D285293  | OLDSMOBILE TRU  | SILHOUETTE  | 2001  |  |   |  |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used         | Dealer's Name _____<br>City _____ State _____ Zip Code _____                              | Engine Size<br>(CID/CC/L) _____<br>No. Cylinders _____  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |  |   |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic     | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____ |

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |   |  |  |
|-----------------------|---|--|--|
| Component<br>12111000 | Part Name(s)<br>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT. | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failure        | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____              | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>2 | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--------------------------------|----------------------|--------------------------|---|

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

WHILE DRIVING 35 TO 40 MPH HIT ANOTHER VEHICLE INSIDE. UPON IMPACT, AIRBAGS DIDNOT DEPLOY. FRONTAL IMPACT. CONSUMER CONTACTED DEALER.\*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.

|  DOT Auto Safety Hotline<br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION<br>NAT. ONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline   |   | <b>FOR AGENCY USE ONLY</b> 1039<br>Date Received: 01 SEP 15 PM 2:30<br>30-AUG-2001<br>EFFECTS INVESTIGATION OFFICE   |  |
|--|---|--|--|
| U.S. Department of Transportation<br>National Highway Traffic Safety Administration  |   | Od_or _____<br>ft_dt _____<br>od_rt _____<br>up_itr _____<br>Reference No. 895558  |  |
| <b>OWNER INFORMATION (Type or Print)</b><br>[Redacted] 712256  |   | Work Number [Redacted]<br>[Redacted]   |  |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.   |   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |  |
| Signature of Owner [Redacted]  |   | Date 9/12/01   |  |
| VEHICLE INFORMATION  |   |  |  |
| Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)<br>1GHDX23EX1D285293   | Vehicle Make<br>OLDSMOBILE TR   | Vehicle Model<br>SILHOUETTE  | Vehicle Year<br>2001<br>Current Odometer Reading<br>7600   |
| Purchase Date<br>7-14-01   | Dealer's Name<br>Bill Heard's Olds at Town Center   |  | Engine Size (CID/CCL)<br>3.6<br><input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio                     |
| <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used   | City<br>Kennesaw  | State<br>GA  | Zip Code<br>30144<br>No Cylinders<br>6   |
| Transmission Type<br><input type="checkbox"/> Manua<br><input checked="" type="checkbox"/> Automatic   | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                         | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input checked="" type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |
| Drive Tra<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel   |   | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input checked="" type="checkbox"/> Minivan<br><input type="checkbox"/> Other  | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up<br><input checked="" type="checkbox"/> Truck |
| FAILED COMPONENT(S)/PART(S) INFORMATION  |   |  |  |
| Component<br>12111000  | Part Name(s)<br>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT  | Location<br><input type="checkbox"/> Left Front<br><input checked="" type="checkbox"/> Right Front<br><input type="checkbox"/> Right Rear  | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacemen  |
| No of Failures   | Date(s) of Failure(s)<br>20-AUG-2001<br>Mileage at Failure(s)<br>7600<br>Vehicle Speed at Failure(s)<br>35-40 MPH | Failed Part(s)<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | NHTSA Previously<br><input type="checkbox"/> Yes <input checked="" 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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       | Number of Persons Injured<br>2   | Number of Fatalities<br>0  |
| Estimated Property Damage  |   | Reported to Police<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)  |   |  |  |
| WHILE DRIVING 35 TO 40 MPH HIT ANOTHER VEHICLE INSIDE. UPCURVE IMPACT, AIRBAGS DIDNOT DEPLOY. FRONTAL IMPACT. CONSUMER CONTACTED DEALER. AK  |   |  |  |
| CONTINUE ON BACK IF NEEDED   |   |  |  |
| The Privacy Act of 1974-Public Law 93-502: 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. |   |  |  |