Form Approved: OMB No. 2127-0001

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** 920

Date Received: 12-SEP-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 896190

[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.) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Readin |
|---|---|---|---|---|
| 1GHDX23EX1D281745 | OLDSMOBILE TRU | SILHOUETTE | 2001 | |

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<br>☐ Automatic | ☒ Yes<br>☐ No | ☐ 3-Point Belt<br>☐ Driverside Airbag<br>☐ Passengerside Airbag<br>☐ Motorbelt<br>☐ 2-Point Bel | ☒ Yes<br>☐ No | ☐ Front<br>☐ Rear<br>☐ 4-Wheel | ☐ Car<br>☐ Van<br>☐ Minivan<br>☐ Other_____<br>☐ Sport Ult<br>☐ Truck<br>☐ Motorcycle | ☐ 2-Door<br>☐ 4-Door<br>☐ Stationwagon<br>☐ Pick Up Truck<br>☒ Other_____ |

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

| Component | Part Name(s | Location | Failed Part(s |
|---|---|---|---|
| 15130000 | EQUIPMENT:ELECTRIC POWER ACCESSORIES:LOCKS:DOOR | ☐ Left ☐ Right<br>☐ Front ☐ Rear | ☐ Original<br>☐ Replacement |

| No of Failure | Date(s) of Failure(s) / Mileage at Failure(s) | Failed Part(s) | NHTSA Previously |
|---|---|---|---|
| | 17-AUG-2001<br>5000 | ☐ 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)

**POWER SLIDING DOORS FAIL TO REMAIN OPEN AND WILL CLOSE WITH FORCE UNEXPECTEDLY. DEALERSHIP STATED THAT VEHICLE WAS NOT AFFECTED BY ANY RECALL, AND CAN PERFORM NO SERVICE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS.*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 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.