Form Approved: OMB No. 2127-0042

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 151

Date Received: 17-SEP-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 896368

[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.) (Location of decal: [illegible])	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
	OLDSMOBILE	CALAIS	1990	

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 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
06400000	FUEL:THROTTLE LINKAGES AND CONTROL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)_____ Mileage at Failure(s)_____	Failed Part(s)	NHTSA Previously
		☐ 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				☐ Yes ☒ No

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

WHEN PUTTING VEHICLE INTO REVERSE IT TOOK OFF AT HIGH SPEED WITHOUT APPLICATION OF ACCELERATOR PEDAL. VEHICLE STOPPED AFTER HITTING BRICK WALL. NOONE DEALER HAS SEEN VEHICLE.*AK

CONTINUED ON NEXT PAGE

Form Approved: O.M.B. No 2127-0008

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

FOR AGENCY USE ONLY 151

Date Received: OCT 15 2001 — DEFECTS OFFICE INVESTIGATION — 11-SEP-2001

Old_or / rt_dt / fod_rt / up_id

Reference No. 886368

OWNER INFORMATION (Type or Print)

[redacted] 715479

Work Number

Home Number [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 10/2/2001

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3NT54NXLM761048	OLDSMOBILE	CALAIS	1990	79,861

Purchase Date: MAY/01 [ ] New [X] Used

Dealer's Name: INDIVIDUAL
City: ORLANDO State: FL Zip Code:

Engine Size (CID/CC/L): ____ No Cylinders: ____

[ ] Turbo [ ] Diesel [✓] Gas [✓] Fuel Injection

Transmission Type	Anti-lock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
[ ] Manual [X] Automatic	[ ] Yes [X] No	[ ] 3-Point Belt [✓] Driverside Airbag [X] Passengerside Airbag [ ] Motorbelt [ ] 2-Point Belt	[X] Yes [■] No	[✓] Front [ ] Rear [ ] 4-Wheel	[✓] Car [ ] Van [ ] Minivan [ ] Other [ ] Sport Util [ ] Truck [ ] Motorcycle	[ ] 2-Door [✓] 4-Door [ ] Stationwagon [ ] Pick Up [ ] Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06400000	FUEL:THROTTLE LINKAGES AND CONTROL	[ ] Left [ ] Right [ ] Front [ ] Rear	[ ] Original [ ] Replacement

No of Failures		Failed Part(s)	NHTSA Previously
1	Date(s) of Failure(s): 8/13/01 Mileage at Failure(s): 79,861 Vehicle Speed at Failure(s):	[✓] 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
[X] Yes [ ] No	[ ] Yes [X] No	1	None		[X] Yes [■] No

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

WHEN PUTTING VEHICLE INTO REVERSE IT TOOK OFF AT HIGH SPEED WITHOUT APPLICATION OF ACCELERATOR PEDAL. VEHICLE STOPPED AFTER HITTING [redacted] TREE/Fence. NOONE DEALER HAS SEEN VEHICLE.*AK See ~~attached~~ Ltr to Manufacturer outlining complete problem which was mailed to you on 8/23/01

OVER

CONTINUE ON BACK IF NEEDED

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.

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.*	MANUFACTURER/TIRE NAME	SIZE
D O T		

* 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)

REAR OF CAR COMPLETELY WRECKED BACK BUMPER TRUNK LID - FLOOR (LEFT) TAIL LIGHTS ALL DESTROYED. MANY INJURIES - CRACKED RIBS - CRACKED COLLAR BONE INJURED SPINE - HEADACHES & DIZZYNESS.

AGAIN - PLEASE LOCATE YOUR COPY OF LTR. TO MANUFACTURER GM. DTD 9/23/01 WROTE BY ROBERT FARRELL FOR DAU. BOTH BJANES.

☆ U.S. G.P.O.: 1992 – 323-897 / 60086

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 NATL 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

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