



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

03-OCT-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

897302

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G3HN53L8N1816009	OLDSMOBILE	88	1992			
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 type="checkbox"/> Other _____

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

Component 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	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) C1-JAN-2001 84967 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 type="checkbox"/> Yes <input checked="" 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
--	---	--------------------------------	---------------------------	--------------------------	---

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

REAR DRIVER'S SIDE SEATBELT WILL NOT RELEASE FAR ENOUGH TO FASTEN. TOOK VEHICLE TO A MECHANIC, AND HE COULD NOT CORRECT THE PROBLEM. TOOK TO DEALER, AND DEALER STATED THAT RETRACTOR NEEDED REPLACING.\*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.



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

**FOIA AGENCY USE ONLY** 335

Date Received: 02 JAN 17 2001  
13-OCT-2001  
Defect

Order No. \_\_\_\_\_  
Ref. No. \_\_\_\_\_  
Ref. No. \_\_\_\_\_  
Ref. No. \_\_\_\_\_

Reference No.  
**887302**

Work Number \_\_\_\_\_  
Home Number \_\_\_\_\_

**OWNER INFORMATION (Type of Print)**

[Redacted Owner Information]

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: [Redacted] Date: 11/27/01

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) (Located in column windshield on driver's side) **1G3HN53L8N1816009** Vehicle Make **OLDSMOBILE** Vehicle Model **88** Vehicle Year **1992** Current Odometer Reading **86791.4**

Purchase Date **6/2/95** Dealer's Name **I. G. BURTON** Engine Siz. (CID/CC/L) **L** Turbo  Diesel  Gas  Fuel Injected   
 New  Used City **MILFORD** State **DE** Zip Code **19963** No. Cylinders \_\_\_\_\_

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

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

Component **12240000** Part Name(s) **INTERIOR SYSTEMS-ACTIVE RESTRAINTS-BELT RETRACTORS** Location  Left Front  Right Rear Failed Part(s)  Original Replacement  
No. of Failures **0** Date(s) of Failure(s) **01-JAN-2001** Mileage at Failure(s) **84987** Vehicle Speed at Failure(s) **0** Failed Part(s)  Yes  No NHTSA Previously  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  Yes  No Fire  Yes  No Number of Persons Injured **0** Number of Fatalities **0** Estimated Property Damage \_\_\_\_\_ Reported to Police  Yes  No

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

REAR DRIVER'S SIDE SEAT BELT WILL NOT RELEASE FAR ENOUGH TO FASTEN. TOOK VEHICLE TO A MECHANIC, AND HE COULD NOT CORRECT THE PROBLEM. TOOK TO DEALER, AND DEALER STATED THAT RETRACTOR NEEDED REPLACING. AK

MECHANIC SAID HE FIXED IT AND CHARGED ME, BUT IT STILL DOES NOT WORK. HE CHARGED ME \$81. DEALER WILL FIX BY REPLACING RETRACTOR GUARANTEED FOR A YEAR - THE PART WILL COST \$8.43, THE LABOR 3000 \$3500. I HAVE NOT BEEN ABLE TO AFFORD IT, I'M HAVING TROUBLE WITH THE RIGHT FRONT SEAT BELT BUT STILL ABLE TO USE IT. 50

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.