



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

15-OCT-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

897744

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>(Locate at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
PLEASE ADD VIN#	OLDSMOBILE	AURORA	1997			
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 08100000 15130000	Part Name(s) ELECTRICAL SYSTEM:BATTERY EQUIPMENT:ELECTRIC POWER ACCESSORIES:LOCKS:DOOR	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	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	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	Number of Fatalities	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)

BATTERY DIED, AND AND DOORS AUTOMATICALLY LOCED. WHEN BATTERY WENT DEAD HAD NO WAY TO GET OUT OF VEHICLE BUT HAD TO BREAK GLASS.*AK

COPIED FROM NHTSA FILE # 10

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		FOR AGENCY USE ONLY 1039	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received FEB - 6 2001 15-OCT-2001	Od or rt_dt od_rt up_itr
[Redacted] 720570		Reference No. 897744	Work Number [Redacted]
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date 10/23/01	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) PLEASE ADD VIN#	Vehicle Make OLDSMOBILE	Vehicle Model AURORA ✓	Vehicle Year 1997
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/COIL) 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Ut Truck Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 15130000 08100000	Part Name(s) EQUIPMENT: ELECTRIC POWER ACCESSORIES: LOCKS: DOOR ELECTRICAL SYSTEM: BATTERY	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacamen
No of Failures	Date(s) of Failure(s) 1st WEEK OCT. 2001 Mileage at Failure(s) Vehicle Speed at Failure(s)	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	Number of Fatalities
Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
BATTERY DIED, AND AND DOORS AUTOMATICALLY LOCED. WHEN BATTERY WENT DEAD HAD NO WAY TO GET OUT OF VEHICLE BUT HAD TO BREAK GLASS. AK I MOVE CARS FROM STORAGE AREA TO MAIN LOT AT BUTLER AUTO AUCTION, WHICH IS MAINHEIM AUCTIONS. AT TIME THESE CARS NEED TO BE JUMP STARTED, THIS PARTICULAR CAR NEEDED JUMPED. AS I STARTED DOWN THE ROAD THE CAR QUIT. I HAD NO POWER. THE DOORS WOULD NOT UNLOCK, WINDOWS WOULD NOT OPERATE. FINALLY A MAJ WHO HAD STOPPED BEHIND ME CAME UP TO THE CAR TO SEE WHAT WAS WRONG. I ASKED HIM TO OPEN THE DOOR FROM THE OUTSIDE HE COULD			
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 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
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

POSTAGE WILL BE PAID BY NATEL HWY TRAFFIC SAFETY ADMIN.

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Washington, D.C. 20590
National Highway
Traffic Safety
Administration
Department of
Transportation



U.S. G.P.O. 1992 - 625-887 / 62506

NOT, AS THE Door WAS LOCKED.

AS TO ANY OTHER INFO. ON THIS CAR, I HAVE NO KNOWLEDGE. HOWEVER MOST CARS RUN THROUGH THIS AUCTION ARE FROM 1995 UP.

TO MY WAY OF THINKING, THIS IS A DANGEROUS LIFE THREATENING SITUATION. SUPPOSE IT IS VERY HOT WEATHER, ELECTRIC POWER IS LOST FOR SOME REASON, SOMEONE WITH A PANIC ATTACK BECAUSE THEY HAVE NO WAY OUT, SUFFOCATES & DIES? THE ONLY WAY OUT WOULD BE TO BREAK A WINDOW IF ONE HAD THE PRESENCE OF MIND TO DO SO. I JUST THOUGHT THIS WAS SERIOUS ENOUGH TO BRING IT TO SOMEONES ATTENTION, & MAYBE GMC TECHS COULD CHECK THIS SITUATION OUT IF THEY WERE TO BE NOTIFIED.

INFORMATION ON THE FAILURE(S) (IF APPLICABLE)									
Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail									
THE IDENTIFICATION NO. *									
MANUFACTURER/THE NAME									
SIZE									
* 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)									