



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 117

Date Received

27-NOV-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

899544

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 at bottom of and/or driver's door frame)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GHDT13Z7M2702720		OLDSMOBILE TRU	BRAVADA	1991	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12262000	Part Name(s) INTERIOR SYSTEMS:SEAT AND SHOULDER BELTS AND BELT AN	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Dates of Failure(s) 14-NOV-2001 Mileage at Failure(s) 164000 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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WAS PUTTING ON SEAT BELT WHEN STRAP ATTACHMENT ANCHOR, THAT WAS BOLTED TO VEHICLE'S FLOOR CAME OUT OF FLOORING. ENTIRE HEAD SECTION CAME APART FROM THE BOLT. HAD BROKEN IN HALF. VEHICLE WAS NEVER IN ACCIDENT FOR PROBLEM TO HAPPEN.*AK

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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 Vehicle Owner's Questionnaire (VOQ) NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION NAT:ONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 117	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received: <u>NOV 16 AM</u> EFFECTS: <u>NOV-2001</u> Reference No.: <u>899544</u> Work Number: <u> </u> Home Number: <u> </u>	
OWNER INFORMATION (Type or Print) 727822			
Do you consent to the use of your vehicle information for the purpose of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. Signature of Owner: <u>[Signature]</u> Date: <u>12/05/01</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1GHDT13Z7M2702720</u>		Vehicle Make: <u>OLDSMOBILE TR</u> Vehicle Model: <u>BRVADA</u>	
Vehicle Year: <u>1991</u> Current Odometer Reading: <u>164,935</u>		Engine Size (CID/COI): <u>4.3</u> No. Cylinders: <u>6</u>	
Purchase Date: <u>10/27/01</u> ☐ New ☒ Used		Dealers Name: <u>Empire Oldsmobile</u> City: <u>Denver</u> State: <u>CO</u> Zip Code: <u> </u>	
Transmission Type: ☐ Manual ☒ Automatic Antilock Brakes: ☐ Yes ☐ No		Restraint System: ☒ 3-Point Belt ☐ Motorbelt ☐ Driver's Side Airbag ☐ 2-Point Belt ☐ Passenger's Side Airbag	
Cruise Control: ☒ Yes ☐ No Drive Type: ☐ Front-wheel ☒ 4-wheel		Vehicle Type: ☐ Car ☒ Sport Utility Truck ☐ Van ☐ Minivan ☐ Motorcycle ☐ Other: <u> </u>	
Body Style: ☐ 2-Door ☐ 4-Door ☐ Station Wagon ☐ Pick Up ☒ Truck			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component: <u>12262000</u> Part Name(s): <u>INTERIOR SYSTEMS: SEAT AND SHOULDER BELTS AND BELT ANCHORS</u>		Location: ☒ Left ☐ Right ☐ Front ☐ Rear Failed Part(s): ☒ Original ☐ Replacement	
No. of Failures: <u>1</u> Date(s) of Failure(s): <u>14-NOV-2001</u> Mileage at Failure(s): <u>164000</u> Vehicle Speed at Failure(s): <u>0</u>		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: <u> </u> Number of Fatalities: <u> </u> Estimated Property Damage: <u>\$.75</u>	
Reported to Police: ☐ Yes ☒ No			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WAS PUTTING ON SEAT BELT WHEN STRAP ATTACHMENT ANCHOR, THAT WAS BOLTED TO VEHICLE'S FLOOR CAME OUT OF FLOORING. ENTIRE HEAD SECTION CAME APART FROM THE BOLT. HAD BROKEN IN HALF. VEHICLE WAS NEVER IN ACCIDENT FOR PROBLEM TO HAPPEN. *AK <u>I have retained the Fractured bolt.</u> <u>I have replaced the Fractured bolt.</u>			
CONTINUE ON BACK, IF NEEDED			
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