



Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.  
CORRECT MARK:

| FOR AGENCY USE ONLY |             |
|---------------------|-------------|
| Date Received       | Color _____ |
| 10/23/01            | nrh _____   |
| Publication No.     | edit _____  |
|                     | util _____  |

## OWNER INFORMATION (Type or Print) DAYTIME TELEPHONE NUMBER

## VEHICLE INFORMATION

| VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) | VEHICLE MAKE | VEHICLE MODEL   | MANUFACTURE DATE | MODEL YEAR |
|---|--------------|-----------------|------------------|------------|
| 1G3HN52K9W4850999   | OLDSMOBILE   | EIGHTY EIGHT LS | 03 - 98          | 1998       |

VEHICLE MANUFACTURER

BMW  Ford  Honda  Nissan  Subaru  Volvo  Other

Chrysler  General Motors  Hyundai  Saab  Toyota  VW

PURCHASE DATE: MAY 6, 1998  New  Used

DEALER'S NAME: MICHAEL HOHL Motor Co CITY: CARSON CITY STATE: NV ZIP CODE: 89701

| ENGINE SIZE (CID/CC/L) | FUEL SYSTEM   | FUEL TYPE   | TRANSMISSION TYPE   | ANTILOCK BRAKES   | RESTRAINT SYSTEM  | CRUISE CONTROL  |
|------------------------|---|---|---|---|---|---|
| <u>3.8</u>             | <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection | <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas | <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorcycle<br><input checked="" type="checkbox"/> 3-Point Belt | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| DRIVETRAIN   | VEHICLE TYPE  | DOORS  | BODY STYLE   |
|--|---|--|--|
| <input checked="" type="checkbox"/> Front <input type="checkbox"/> 4-Wheel <input type="checkbox"/> Rear | <input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other<br><input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle | <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door | <input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Station Wagon<br><input type="checkbox"/> Pick Up Truck |

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

| COMPONENT  | NO. OF FAILURES   | INCIDENT DATE | MILEAGE AT INCIDENT | VEHICLE SPEED AT INCIDENT | FAILED PART(S)   | TIRES  | HANDICAPPED ADAPTIVE  | FAILED PART(S) AVAILABLE?                                | NHTSA PREVIOUSLY CONTACTED?                              |
|--|---|---------------|---------------------|---------------------------|--|--|---|--|--|
| <input type="checkbox"/> Child Seat<br><input checked="" type="checkbox"/> Exterior Lights & Mirrors<br><input type="checkbox"/> Engine & Cooling System<br><input type="checkbox"/> Equipment<br><input type="checkbox"/> Fuel System/Exhaust<br><input type="checkbox"/> Heater/Defrost/Ventilation<br><input type="checkbox"/> Interior<br><input type="checkbox"/> Parking Brake<br><input type="checkbox"/> Power Train<br><input type="checkbox"/> Service Brakes<br><input type="checkbox"/> Steering<br><input type="checkbox"/> Structure<br><input type="checkbox"/> Suspension<br><input type="checkbox"/> Visual Systems<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9<br><input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 |               |                     |                           | <input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement | To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).<br>TIRE NAME _____ COMPLETE TIRE SIZE _____<br>TIRE BRAND _____<br><input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone<br><input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin<br><input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## APPLICABLE INCIDENT INFORMATION

| Please describe in detail the incident(s), failure(s), and injury(ies) on the back of this form. | CRASH  | NUMBER OF PERSONS INJURED   | CAUSE OF INCIDENT  | RESULT OF INCIDENT |
|--|--|---|--|--------------------|
|  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9<br><input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 | <input type="checkbox"/> Wear/Corroded/Loose<br><input type="checkbox"/> Weak/Poor Fit/Loose<br><input type="checkbox"/> Cut/Torn<br><input type="checkbox"/> Disconnect/Fell Off<br><input type="checkbox"/> Erratic/Poor Performance<br><input type="checkbox"/> Excessive Effort<br><input type="checkbox"/> Noisy<br><input type="checkbox"/> Leaks<br><input type="checkbox"/> Short<br><input type="checkbox"/> Locks/Sticks/Grabs<br><input type="checkbox"/> Stability/Vibration<br><input type="checkbox"/> Broken<br><input type="checkbox"/> Explosion/Fire<br><input type="checkbox"/> Loss of Control<br><input type="checkbox"/> Poor Visibility<br><input type="checkbox"/> Inadvertent Start<br><input type="checkbox"/> Rollover<br><input type="checkbox"/> Stalls<br><input type="checkbox"/> Sudden Acceleration |                    |

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

CAR DESIGNED WITH HEADLIGHTS ARE "ON" NIGHT & DAY, FOG LIGHTS CAN BE TURNED ON BUT HEAD LIGHTS DO NOT SHUT-OFF, THEREFORE FOG PROBLETS ARE ILLUMINATED AT THE HIGHER POSITION ABOVE THE ROAD AND YOU CANNOT SEE THE ROAD ETC. DEALERS SAY THEY CANNOT CHANGE THE HEADLIGHTS TO SWITCH OFF WHEN FOG LIGHTS SWITCH ON. MANY CARS, SUV'S & MOTOR HOMES THIS UNSAFE SETUP, ALSO HEADLIGHTS DISTANCE ABOVE ROAD SHOULD BE LIMITED, SUV'S, PICKUPS, MOTOR HOMES & TRUCKS USUALLY ARE TOO HIGH & ARE TOO BRIGHT FOR ONCOMING TRAFFIC

Continue on additional page if necessary.

Describe any additional incidents. (include date and mileage)

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 responses 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 an investigative or enforcement or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.

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NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL FIRST-CLASS MAIL 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 Office of Defects Investigation, NSA-10.01 400 7th Street, SW Washington, DC 20590

U.S. Department of Transportation National Highway Traffic Safety Administration

460 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300

20590+0001

...ete and return or place in your car manual for future use



VEHICLE OWNER'S QUESTIONNAIRE (VQQ)

DOT AUTO SAFETY HOTLINE

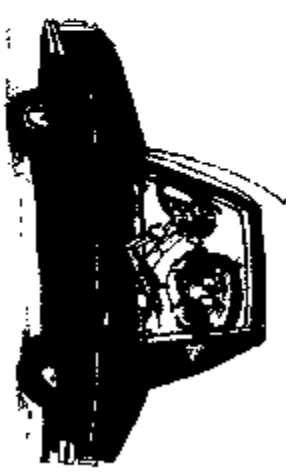
TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236 DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation National Highway Traffic Safety Administration

www.nhtsa.dot.gov/hotline