



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: <b>25-MAY-00</b>	Order: _____
Reference No.:	Cost: _____
	Unit: _____

### 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
1G3HC52K8N48A13R2		Oldsmobile	Regency	J A J 97	1997
VEHICLE MANUFACTURER					
<input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other _____ <input type="checkbox"/> Daimler/Chrysler <input checked="" type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW					
PURCHASE DATE	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
Feb. '97		LAWRENCE MARSHALL	RYAN	TX	77802
ENGINE SIZE (CID/CO/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM
	<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 <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 3 Point Belt
NO. CYLINDERS					CRUISE CONTROL
6					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DRIVETRAIN		VEHICLE TYPE		DOORS	BODY STYLE
<input checked="" type="checkbox"/> Front <input type="checkbox"/> 4/Whar <input type="checkbox"/> Rear		<input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other _____ <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 checked="" type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon

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

<b>COMPONENT</b> <input type="checkbox"/> Child Seat <input checked="" type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input checked="" type="checkbox"/> Visual Systems <input type="checkbox"/> Other _____	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	9	TIRE NAME	COMPLETE TIRE SIZE
	INCIDENT DATE	TIRE BRAND	
	1997 to Present	<input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____	
	MILEAGE AT INCIDENT		
	1000 to 36,200		
	VEHICLE SPEED AT INCIDENT		
	All speeds		
	FAILED PART(S)		
	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		
HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE?	NHTSA PREVIOUSLY CONTACTED?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

### APPLICABLE INCIDENT INFORMATION

Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(s) on the back of this form.	CRASH	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0 1 2 3 4 5 6 7 8 9	<input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fall Off <input checked="" type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort	<input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken
	FIRE	NUMBER OF FATALITIES		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0 1 2 3 4 5 6 7 8 9		

PLEASE DO NOT WRITE IN THIS AREA



01391

This vehicle has been in shop for repairs. Problem

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

THIS VEHICLE HAS BEEN IN THE SHOP AT LEAST 8 TIMES FOR THE SAME DEFECT. APPARENTLY THE DEALER DO NOT KNOW HOW TO REPAIR. I HAVE READED WITH ODSMARBURG AREA VEHICLE MEN. TO REPAIR VEHICLE TO DO AS A... THEY JUST SAY WE WILL TRY AGAIN TO REPAIR THE PROBLEM. THE SERVICE MAN SAYS BEEN IN THE SHOP SO MUCH (UP TO 15 DAYS/TW) THAT I HAVE NO OPURTUNITY TO USE MY OLD VEHICLE. I FEEL THAT THE VEHICLE IS UNREPAIRABLE AND SHOULD BE RECALLED BY THE MANUFACTURER.

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

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.

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**BUSINESS REPLY MAIL**  
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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

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

Official Business Penalty for Private Use \$300



Complete and return or place in your car manual for future use



**VEHICLE OWNER'S**

**QUESTIONNAIRE**

**(V00Q)**

**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](http://www.nhtsa.dot.gov/hotline)