



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
3/21/02

Reference No.

Order _____
Retail _____
Retail _____
Retail _____
Retail _____

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
1B3W454T8MD395953		OLDSMOBILE	CUTLASS		1991
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 type="checkbox"/> New <input checked="" type="checkbox"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
11/2001		Don's Used Cars	Bangor	N.Y.	12966
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM
3.1	<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 type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 3-Point Belt
NO. CYLINDERS	DRIVETRAIN		VEHICLE TYPE		DOORS
6	<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 _____ <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle		<input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door
					BODY STYLE
					<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

COMPONENT <input type="checkbox"/> Child Seat <input 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 type="checkbox"/> Visual Systems <input checked="" type="checkbox"/> Other <u>Not Sure</u>	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
		INCIDENT DATE	TIRE NAME
		MILEAGE AT INCIDENT	TIRE BRAND
		VEHICLE SPEED AT INCIDENT	COMPLETE TIRE SIZE
FAILED PART(S) <input type="checkbox"/> Original <input type="checkbox"/> Replacement		TIRE BRAND <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 _____	
HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE?	NHTSA PREVIOUSLY CONTACTED?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	<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(ies) 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		<input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Noisy <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Leaks <input type="checkbox"/> Cut/Tam <input type="checkbox"/> Short <input type="checkbox"/> Disconnect/Fel Off <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Excessive Tilt <input type="checkbox"/> Broken	<input checked="" type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE	NUMBER OF FATALITIES		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

PLEASE DO NOT WRITE IN THIS AREA



06520

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

Car Sl: A. OEE Spn 1/20
Road Driver proceeded to
go from Drive to Reverse
to get Car out of
times when Car from
Engine burst into Fire
Driver Seat belt didn't
OEE at First and Drive
had to climb over the
the back seat passing
Side and kick Door
w/ both Feet outwards
while 2 other people in
Opening Door from outside
before he could get
Out. Was unable to escape
from front of vehicle as
flames had engulfed
and front seats of
vehicle. Driver had a
minor burn on leg a
and a cut on leg a
well as smoke inhalation.
wasn't taken to hospital.

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

This Policy Act of 1974 - Public Law 93-578. This information is required
pursuant to safety-related in the National Highway Traffic Safety Act and rules
thereunder. You are required to report to the appropriate state
agency. You are to use the NHTSA in reporting. You
should take appropriate action to correct safety defects. The NHTSA processes
administrative enforcement or litigation against a manufacturer, any
associated entity, or any individual, may be used in support of the agency's action.