U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

2003 MAR 20 AM 8:53

FOR AGENCY USE ONLY 120	
Date Received: 17-JAN-2003	Repository ☐
	Reference No.: 10004166

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City: AURORA	State: CO	Zip Code: [redacted]	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of a[redacted]ovide your name or address to the vehicle manufacturer.

Signature of Owne[redacted] Date 1/31/03

VEHICLE INFORMATION

17-digit vehicle identification number	Make	Model	Model Year
1G3GR64H614286762	OLDSMOBILE	AURORA	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
12/2/02	DEN MASSEY			6	UNLEADED GAS
Original Owner ☐ NO	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTO	☒ Antilock Brakes ☐ Cruise Control		072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, . Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
17-JAN-2003	30666.	0	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

CONSUMER STATES HER GAS LINE KEEPS DEVELOPING A WHOLE IN IT, AND SHE IS BEING TOLD BY THE DEALERSHIP MECHANIC THAT SOMEONE IS TAMPERING WITH HER CAR, SO SHE IS NOT ABLE TO GET IT REPAIRED WITH THE WARRANTY.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY