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) 2003 MAY -7
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 120

Date Received	Repository ☐
PM 12:56R-2003	Reference No. 10014618

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City EDISON	State NJ	Zip Code	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G3NL5222WM32516	OLDSMOBILE	ACHIEVA	1998

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
7/7/99	ENTERPRISE RENTAL			6	Gas
Original Owner ☐	Dealer's City ISELIN NJ.	State NJ.	Zip Code		

Transmission Type			Vehicle Component Code
AUTO	☒ Antilock Brakes ☒ Cruise Control	Powertrain	073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
18-MAR-2003	73,000		

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	NONE	NONE	NO

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).

THE FUEL RAIL (REGULATOR) CRACKED. *JB

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I WAS SITTING IN MY CAR (OLDS) I SMELLED GAS THE CAR WAS OFF AND PARKED - IF IT WAS NOT IT COULD HAVE EXPLODED OR AT LEAST CAUSED A FIRE'

THE SMELL OF GAS WAS VERY STRONG I GOT OUT OF THE CAR AND LOOKED UNDER CAR - THE GAS WAS POURING OUT FROM UNDER THE CAR. ONCE THE PRESSURE OF THE GAS SYSTEM WAS RELEASED BECAUSE THE ENGINE WAS OFF, THE LEAK STOPPED..

BECAUSE OF THE CONDITION OF THE CAR I COULD NOT DRIVE CAR SO I HAD TO HAVE THE CAR ~~[illegible]~~ TOWED TO MY REPAIR CENTER AND THE CONDITION WAS FIXED - THE BILL IS ENCLOSED.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

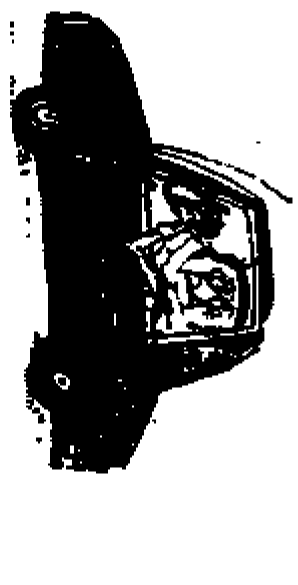
POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM
OR
DASH2DOT
and dial toll free at
1-888-DASH-2-DOT
1-888-327-4236
DOT Auto Safety Hotline (DASH) 2 D



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THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).