



# 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

### FOR AGENCY USE ONLY

Date Received <b>2003 MAY 27 AM 11: 52</b>	Od_or _____ ri_ct _____ od_lt _____ up_fr _____
Reference No. <b>10021824</b>	

### OWNER INFORMATION (Type or Print)

Name: \_\_\_\_\_  
 Street No: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
 City: **LaSalle** State: **IL** Zip Code: \_\_\_\_\_  
 Daytime 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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
 Signature of Owner: \_\_\_\_\_ Date: **5 12 03**

### PRODUCT INFORMATION

Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side): **1B3HN52K8X4810639** Make: **Olds** Model: **98** Year: **99**

Purchased Date: **2/02** Dealer's Name: **Torris Used Cars** Engine Size (CID/CC/L): \_\_\_\_\_  
 Turbo  Diesel  Gas  Fuel Injection  
 New  Used Dealer's City: **Spring Valley** State: **IL** Zip Code: **61362** No. Cylinders: **6**

Manufacture Date (on driver's door or pillar): **? Sold car** Transmission Type:  Manual  Automatic  
 Restraint System:  Driverside Air Bag  Motorbelt  Passengerside Air Bag  2-Point Belt  3-Point Belt  
 Cruise Control:  Yes  No Drivetrain:  Front  Rear  4-Wheel  
 Vehicle Type:  Car  Sport Utility  Van  Truck  Minivan  Motorcycle  Other \_\_\_\_\_  
 Body Style:  2-Door  4-Door  Stationwagon  Pick Up Truck  Other \_\_\_\_\_

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

Part Name(s): **Fuel Regulator** Location:  Left  Right  Front  Rear  
 Failed Part(s):  Original  Replacement Handicap Adaptive Equip:  Yes  No

### TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand: \_\_\_\_\_ Tire Name: \_\_\_\_\_ Complete Tire Size: \_\_\_\_\_

No. of Failures: \_\_\_\_\_ Date(s) of Failure(s): \_\_\_\_\_ Mileage at Failure(s): \_\_\_\_\_ Vehicle Speed at Failure(s): \_\_\_\_\_  
 Failed Part(s) Available?:  Yes  No NHTSA Previously Contacted?:  Yes  No

### APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured: <b>0</b>	Number of Fatalities: <b>0</b>	Reported to Manufacturer: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies):  
**Turned key in ignition - Heard loud bang - opened hood - intake manifold and engine cover were blown apart. Towed to the Dealer (Torriss). Fuel regulator malfunction + caused a backfire from built up gas.**

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.