



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

FOR AGENCY USE ONLY 100161

Date Received

Repository

AM 10:17
17-SEP-2003

Reference No:
10040192

OWNER INFORMATION (Type or Print)

Name

Address

City

ELMHURST

State IL

Zip Code

Daytime Telephone Number

E-mail Address

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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at top of instrument cluster on driver's side
1G3CW53L7N4304294

Make
OLDSMOBILE

Model
REGENCY

Model Year
1992

Date Purchased
6-16-00

Dealer's Name and Telephone Number

private party

Engine:
No. Cylinders

6

Fuel Type:

Regular

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTO Matic

Antilock Brakes

Cruise Control

Powertrain

3800

Vehicle Component Code

072100 FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP

*Multiple Failure: GAS TANK

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
7-7-9101

Failure Mileage
65,000

Failure Speed(s)
ALL

CAR LOSER POSITION WHEN FUEL TANK IS LESS THAN 1/2 EMPTY.

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: DOTM19ABC036)

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(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

THE VEHICLE STALLED WHILE MAKING A RIGHT TURN. THE VEHICLE'S FUEL TANK WAS HALF FULL WHEN THIS OCCURED. THE CONSUMER SUSPECTED THAT THERE WAS A PROBLEM WITH THE FUEL PUMP. PLEASE PROVIDE FURTHER DETAILS. *NUM

CAR WILL DIE OUT SOMETIMES ON RIGHT TURNS WHEN THE GAS TANK IS 1/2 EMPTY. CAR ALSO HESITATED AND LAGGED SPEED. NO PROBLEMS WHEN GAS TANK IS KEPT BETWEEN 3/4 TO FULL.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) 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.