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 100145

Date Received: 17-OCT-2003 (2003 NOV 12 P4:39)
Repository: ☐
Reference No.: 10044183

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: ENOCH | State: UT | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number:
E-mail Address:

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: [redacted] Date: 11/3/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number: 1G M-82 DOT65 A51 E2
Make: OLDSMOBILE
Model: ALERO
Model Year: 2001
Date Purchased: FEB 2001
Dealer's Name and Telephone Number: FINDLAY OLDSMOBILE - SAAB (702)557-2600
Original Owner: ☐
Dealer's City: LAS VEGAS HENDERSON
State: NV
Zip Code: 89014
Engine: No. Cylinders: 6
Fuel Type:
Transmission Type: AUTOMATIC
☑ Antilock Brakes
☑ Cruise Control
Powertrain:
Vehicle Component Code: 126000 EXTERIOR LIGHTING:TURN SIGNAL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
10-OCT-2003	45,000 TO PRESENT 44940	

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	0	0	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).

TURN SIGNAL AND FOUR WAY FLASHERS FAILED INTERMITTENTLY. DEALER STATED FLASHER UNIT NEEDED TO BE REPLACED. AK
FROM THE DAY WE FIRST DROVE THE CAR THE TURN SIGNALS WORK 50% OF THE TIME. THE HAZARD LIGHTS HAVE NEVER WORKED. WE LIVE IN UTAH AND HAVE TAKEN THE CAR ONLY TO THE UTAH CEDAR CITY OLDSMOBILE DEALER. THE DEALER SAYS I SHOULD HAVE BROUGHT THE CAR IN BEFORE 10,000 MILES. HE QUOTED A PRICE OF $250.00 TO FIX THE TURN SIGNALS AND FLASHERS. SERVICE MANAGER STATED SOME BRIGHT YOUNG ENGINEER PUT TURN SIGNALS, FLASHERS & BACKUP LIGHTS INTO ONE UNIT — A BIG MISTAKE, THIS IS A VERY DANGEROUS SITUATION. WHEN I NEED THE TURN SIGNALS THEY DON'T WORK. WHEN I DON'T NEED THEM THEY WORK.

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