



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 1587

Date Received

2003 DEC -2 AM 6:20
04-NOV-2003

Repository

Reference No.
10048318

OWNER INFORMATION (Type or Print)

Name

Address

City

COCOA

State FL

Zip Code

Daytime 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 _____ Date 11/14/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G3GR82CXS4123542

Make

OLDSMOBILE

Model

AURORA

Model Year

1995

Date Purchased

Dealer's Name and Telephone Number

Engine

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

8

Transmission Type

AUTO

Anti-lock Brakes

Cruise Control

Powertrain

Vehicle Component Code

073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

10/11/03

Failure Mileage

99000

Failure Speed

NR

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/66R15)

DOT No. (Example: DOT1A16ABC036)

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

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

CONSUMER SMELLED A FUEL SMELL FROM UNDER THE HOOD. UPON INSPECTION CONSUMER LOCATED A PIN SIZE HOLE IN THE RIGID PLASTIC SIDE OF THE FUEL RAIL. AN INVESTIGATION WAS OPENED ON THIS ISSUE, PE 030 060. *AK

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.