



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
(1-888-327-4200) DEC 10 PM 3:06
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

Repository

12-NOV-2003

Reference No.
10047769

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number		E-mail Address	
Address						
City	State	MD	Zip Code	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 authorized representative, NHTSA will not use your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 11/10/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side PLEASE FILL IN <u>LG3GR62C8V412413</u>		Make OLDSMOBILE	Model AURORA	Model Year 1997
Date Purchased <u>10-98</u>	Dealer's Name and Telephone Number <u>SWANSON OLDSMOBILE</u>		Engine: No. Cylinders <u>8</u>	Fuel Type: <u>GAS</u> <u>4417667</u>
Original Owner <input checked="" type="checkbox"/>	Dealer's City <u>GLENN BURNIE</u>	State <u>MD</u>	Zip Code <u>2080</u>	
Transmission Type <u>AUTO</u>	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 061000 ENGINE AND ENGINE COOLING:ENGINE	
Multiple Failure: 2				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-OCT-2003	Failure Mileage 50000	Failure Speed <u>0MPH</u>	
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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: DOTM15ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Name:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Parts:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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 ENGINE INSULATION BURNS UNDER THE HOOD WHILE DRIVING. THE CAUSE HAS YET TO BE DETERMINED. PLEASE PROVIDE ADDITIONAL INFORMATION. *PH

ALL I KNOW IS THAT THE UNDERHOOD INSULATION CAUGHT ON FIRE AT LEAST TWO TIMES

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 an 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 an administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.