



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100192

Date Received

08-DEC-2003

Repository

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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: RENTON State: WA Zip Code: [REDACTED]

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 authorized signature, provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 12/2/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G3WS52K0M [REDACTED]
Make: OLDSMOBILE Model: INTRIGUE Model Year: 1998

Date Purchased: 6/30/03/98 Dealer's Name and Telephone Number: GOOD CHEV. 425-235-2007
Engines: No. Cylinders: 6 Fuel Type: GAS

Original Owner: Dealer's City: RENTON State: WA Zip Code: 98057

Transmission Type: AUTO
 Antilock Brakes
 Cruise Control
Powertrain: [REDACTED]
Vehicle Component Code: 171100 ELECTRICAL SYSTEM: BATTERY: CABLES
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): Nov 2003
Failure Mileage: 29800
Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R16): [REDACTED]
DOT No. (Example: DOTM1A9ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Name: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: [REDACTED] Number of Deaths: [REDACTED] 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).

A BROKEN POSITIVE CABLE POST CAUSED THE BATTERY TO LEAK ACID. *AK
A C DELCO 78 MONTH BATTERY HAD BEEN INSTALLED BY DEALER UNDER WARRANTY 5/24/00 AT 13,522 MILES. THE BATTERY HAS SIDE MOUNT CONNECTIONS. THE POSITIVE CONNECTOR SEPARATED FROM THE PLASTIC OF THE BATTERY CAUSING SOME ACID TO LEAK ON THE CAR. SEPARATION OCCURRED UNDER NORMAL DRIVING.

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 responses 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.