



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 100182

Date Received

Repository

2004 APR -1 PM 12:16  
2004-DASH-2004

Reference No.  
10055941

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: EAST BRUNSWICK State: NJ Zip Code: [Redacted]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize [Redacted] owner of your vehicle?  YES  NO  
In the absence of [Redacted] name or address to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: 2/9/04

VEHICLE INFORMATION

17 digit vehicle identification number located at bottom of windshield on driver's side: 1G3WV62K2WF387223  
Make: OLDSMOBILE Model: INTRIGUE Model Year: 1998  
Date Purchased: July 1998 Dealer's Name and Telephone Number: Bryan Cadlac Oldsmobile  
Original Owner:  Dealer's City: North Brunswick State: NJ Zip Code: 08902  
Engine: No. Cylinders: 6 Fuel Type: Reg.  
Transmission Type: Auto Antilock Brakes:  Cruise Control:   
Powertrain: [Redacted] Vehicle Component Code: 914000 STEERING: RACK AND PINION  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 1/23/04  
Failure Mileage: 85000  
Failure Speed: 10 MPH

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]  
DOT No. (Example: DOTM19ABC036): [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

Make: [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).

THE VEHICLE EXPERIENCED A PROBLEM WITH THE POWER STEERING. THE VEHICLE HAD DIFFICULTY TURNING LEFT. THERE WAS A RECALL REGARDING THE ISSUE, HOWEVER THE VEHICLE IDENTIFICATION NUMBER WAS NOT INCLUDED. \*JB

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 summarized summary thereof, may be used in support of the agency's action.

Narrative/Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Rack and pinion ~~was~~ <sup>were</sup> replaced by dealer for \$1300. Old steering rack build date was 3/30/98. Recall cut-off was vehicles built prior to 01/31/97. ~~The~~ The problem symptoms in my car was identical to those described in recall.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



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OWNER'S  
QUESTIONNAIRE**  
**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
ON

**DASH2DOT**

and dial toll free at

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**1-888-327-4238**

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(DASH) & DOT



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