



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 100164

Date Received  
2004 APR 20 AM 9:06  
23-MAR-2004

Repository   
Reference No.  
10064746

OWNER INFORMATION (Type or Print)

Name [Redacted]  
Address [Redacted]  
City BROAD CHANNEL State NY Zip Code [Redacted]

Daytime Telephone Number [Redacted]  
E-mail Address [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of your authorization, NHTSA will not provide your name or address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 4/8/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1G3WS52K2WF377080  
Make OLDSMOBILE Model INTRIGUE Model Year 1998  
Date Purchased 6/2003 Dealer's Name and Telephone Number from original owner  
Original Owner  Dealer's City State Zip Code Engine: No. Cylinders 6 Fuel Type: Gas  
Transmission Type Automatic  Antilock Brakes  Cruise Control Powertrain FWD  
Vehicle Component Code 015000 STEERING:HYDRAULIC POWER ASSIST SYSTEM  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 23-DEC-2003 Failure Mileage 53000 Failure Speed Rack + Pinion Steering Not Working Will not Turn Left at Low Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/66R15) [Redacted]  
DOT No. (Example: DOTM1A5ABC038)  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 0 Number of Deaths 0 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).

RECALL 03V527000 CONCERNING POWER STEERING FAILURE. WHILE DRIVING AT ANY SPEED POWER STEERING MALFUNCTIONED WHEN TURNING LEFT. WHEN THE VEHICLE WAS TURNING RIGHT THE POWER STEERING WAS WORKING. A RECALL WAS ISSUED ON THIS MAKE, MODEL AND YEAR. HOWEVER, CONSUMER'S VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO VIN. \*AK

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

The Privacy Act of 1974 (Public Law 93-502) 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.