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

2004

FOR AGENCY USE ONLY 100216

Date Received: APR 29 PM 3 41 29-MAR-2004
Repository ☐
Reference No. 10065041

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City DENVER | State CO | Zip Code [redacted]
Daytime Telephone Number [redacted]
Evening Telephone Number
E-mail Address [redacted]

Do you authorize NHTSA to forward your complaint to the manufacturer of your vehicle? ☑ YES ☒ NO
In the absence of an e[redacted]e or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 4/19/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GHDU03EDWD197227	OLDSMOBILE	SILHOUETTE	1998

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
4-24-98	RALPH SCHOMP 303-798-1500	6	SUPER 87 OCT

Original Owner	Dealer's City	State	Zip Code
☒	LITTLETON	CO	80121

Transmission Type		Powertrain	Vehicle Component Code
AUTO	☑ Antilock Brakes ☑ Cruise Control	FRONT WHEEL DRIVE	073200 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:INJECTC Multiple Failure: 1-6

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	

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: DOTMALBABC036)		Failure Location:
	☐ Original Equipment ☐ Prior Repair	

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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	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).

WHILE DRIVING ENGINE CHECK LIGHT APPEARED ON THE DASHBOARD. THE VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION, AND MECHANIC CLEANED THE INJECTOR. BUT PROBLEM RECURRED, AND VEHICLE WAS TAKEN TO THE DEALER AGAIN. MECHANIC DETERMINED THAT INJECTOR NEEDED TO BE REPLACED. *AK

ALL SIX INJECTORS HAD TO BE REPLACED

RECEIPTS

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

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).