



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 Z31

Date Received

Repository ☐

2004 APR 29 PM 2:56
21-MAR-2004

Reference No.
10065120

OWNER INFORMATION (Type or Print)

Name

Address

City NEW KENSINGTON

State PA

Zip Code

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 NHTSA will not provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/1/00

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G3GR84H21

Make OLDSMOBILE

Model AURORA

Model Year 2001

Date Purchased 2/25/00

Dealer's Name and Telephone Number

JAROME - Olds Dealer

Engine:
No. Cylinders 6

Fuel Type:

Original Owner ☒

Dealer's City

NEW KENSINGTON

State PA

Zip Code 15068

Transmission Type

☒ Antilock Brakes

Powertrain

☒ Cruise Control

Vehicle Component Code

013100 STEERING:GEAR BOX:SHAFT SECTOR

Multiple Failure: 1

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: DOTM15ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

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

☐ 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).

WHILE TURNING CONSUMER NOTICED THE STEERING WHEEL WAS MAKING A CLICKING NOISE. DEALERSHIP REPLACED THE STEERING SHAFT, AND LUBRICATED THE INNER STEERING SHAFT, BUT THE PROBLEM RECURRENT. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-578) 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 removes 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.

Narrative Description of Incident(s), Failure(s), Condition(s), and Injury(ies)

7-11-02: LUB - INFLATED TO Shift
 6-10-03 Replaced - Steering Shift
 11-12-03 LUB INTERMEDIATE - Dec Shift

We still have some brake noise - from Steering Column.

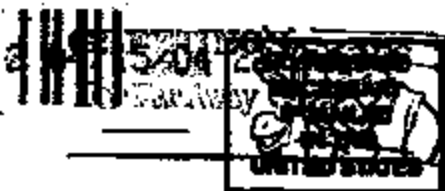
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National Highway
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400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73172 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NHTL 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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TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
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and dial toll free at

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(DASH) & DOT



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