



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 1367

U.S. Department of Transportation
National Highway Traffic Safety Administration

Date Received: 18-APR-2004
Repository: 0073817

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: WESTFIELD State: MA Zip Code: [Redacted]

Phone Number: [Redacted]
E-mail Address: [Redacted]
Evening Telephone Number: [Redacted]

Do you authorize the absence of your name or address to the vehicle manufacturer? YES NO
Signature of [Redacted] Date: 4/1/2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number: 1G3GR62C4T4
Make: OLDSMOBILE Model: AURORA Model Year: 1995
Date Purchased: [Redacted] Dealer's Name and Telephone Number: Deals 4 wheels 413-567-5333
Original Owner: [Redacted] Dealer's City: westfield State: MA Zip Code: 01085
Transmission Type: AUTO Antilock Brakes: [Redacted] Powertrain: [Redacted]
Vehicle Component Code: 077200 FUEL SYSTEM, GASOLINE: DELIVERY HOSES, LINES/PIPING,
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 18-APR-2004 Failure Mileage: 88000 Failure Speed: N/A
Hard start/fuel smell
Rear seatbelt inop

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) Original Equipment Prior Repair: [Redacted] 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: [Redacted] Fire: [Redacted] Number of Persons Injured: [Redacted] Number of Deaths: [Redacted] Reported to Police: [Redacted]

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 THE SAME PROBLEM AND CONSEQUENCES AS DESCRIBED IN THE FUEL RAL TUBING RECALL 04V110000, BUT THE VEHICLE IDENTIFICATION NUMBER WAS NOT INCLUDED IN THE RECALL. #JB

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

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

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

Multiple horizontal lines for writing the narrative description.

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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National Highway Traffic Safety Administration
http://www.nhtsa.dot.gov/odiv

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and dial toll free at

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TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE



VEHICLE OWNER'S