



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 100184

Date Received: 07 JUN 2004  
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**OWNER INFORMATION (Type or Print)**

Name: [Redacted] Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]  
Address: [Redacted] Evening Telephone Number: [Redacted]  
City: GAINESVILLE State: GA Zip Code: [Redacted]

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 signature, please provide your name or address to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: 6/16/04

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G3GR62C0S4 [Redacted]  
Make: OLDSMOBILE Model: AURORA Model Year: 1996  
Date Purchased: 7/30/99 Dealer's Name and Telephone Number: Moss Robertson Oldsmobile 770-535-2200  
Original Owner:  Dealer's City: Gainesville State: GA Zip Code: 30501 Engine: 8 No. Cylinders: 8 Fuel Type: GAS  
Transmission Type: AUTO Antilock Brakes:  Powertrain: [Redacted] Vehicle Component Code: 072200 FUEL SYSTEM, GASOLINE; DELIVERY; HOSES, LINES/PIPING, ...  
Cruise Control:  Multiple Failures: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 02-JUN-2004 Failure Mileage: 73000 Failure Speed: [Redacted] Plastic Fuel Line spraying fuel on engine

**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: DOTM15ABC03B): [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: 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).

AFTER PARKING THE VEHICLE CONSUMER SMELLED FUEL ODORS. CONSUMER OPENED THE HOOD, AND FOUND THAT THE RETURN FUEL LINE HAD A SMALL PIN HOLE IN IT, ALLOWING FUEL TO SQUIRT OUT. DEALER EXAMINED AND REPLACED THE ENTIRE FUEL RETURN LINE. \*AK

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

The Privacy Act of 1974 - Public Law 93-579 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 statistical summary thereof, may be used in support of the agency's action.

**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).**