



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  
2004 JUN 20 8:41 7:18

Repository   
Reference No.  
10075819

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City NEW BREMEN State OH Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Evening Telephone Number [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, NHTSA will NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 6/22/04

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G3GR82CK [REDACTED]  
Make OLDSMOBILE Model AURORA Model Year 1995  
Date Purchased 9-30-95 Dealer's Name and Telephone Number [REDACTED] Engine: [REDACTED] Fuel Type: [REDACTED]  
Original Owner  Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]  
Transmission Type [REDACTED]  Antilock Brakes  Cruise Control Powertrain [REDACTED] Vehicle Component Code 073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA  
Multiple Failure: 1

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

Incident Date(s) 17-JUN-2003 Failure Mileage 87000 Failure Speed [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/B5R15) [REDACTED]  
DOT No. (Example: DOTM16A8C036)  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), Condition, 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 04V110000 CONCERNING FUEL RAIL. *AFTER DRIVING AT 100 MPH* CONSUMER COULD SMELL GASOLINE PERMEATING FROM THE VEHICLE. A MECHANIC EXAMINED THE VEHICLE AND FOUND THAT THE FUEL RAIL SPRAYED THE ENGINE WITH FUEL. THERE WAS RECALL FOR THIS PROBLEM. CONSUMER'S VEHICLE WAS NOT COVERED UNDER THE RECALL DUE TO YEAR OF MODEL. \*AK

*\* AFTER DRIVING AND EXITING FROM THE VEHICLE*

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

This 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.

**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).**