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 100147

Date Received: 2004 NOV -9 PM 1:10
08-JUN-2004

Repository ☐

Reference No.: 10075040

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: ROCHESTER | State: IN | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number:
E-mail Address: [redacted]

Do you authorize NHTSA to provide your name and address to the manufacturer of your vehicle? In the absence [redacted] address to the vehicle manufacturer. ☐ YES ☒ NO

Signature of O[redacted] Date 11/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side	Make	Model	Model Year
1G3GR1a2C454[redacted]	OLDSMOBILE	AURORA	1995

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
11/02			Unleaded

Original Owner	Dealer's City	State	Zip Code
☐			

Transmission Type			Vehicle Component Code
	☐ Antilock Brakes ☐ Cruise Control	Powertrain	073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
25-MAY-2004			

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: DOTMA8ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

WHEN STARTING THE VEHICLE CONSUMER SMELLED A GAS ODOR COMING FROM THE VEHICLE. CONSUMER OPENED THE HOOD, AND SAW GAS SPILLING ONTO THE ENGINE. CONSUMER HAD THE VEHICLE TOWED TO THE DEALERSHIP FOR INSPECTION, AND MECHANIC DETERMINED THAT THE FUEL RAIL FAILED. *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 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.