



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 100192

Date Received

18-JUN-2004

Repository

Reference No.

10076504

OWNER INFORMATION (Type or Print)

Name

Address

City

DAYTON

State OH

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 a signature, this report is submitted to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 07/23/04

VEHICLE INFORMATION

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

1G3GR82C1S

Make

OLDSMOBILE

Model

AURORA

Model Year

1995

Date Purchased

04-19-98

Dealer's Name and Telephone Number

WALKER MOTOR SALES, INC.

Engine:

No. Cylinders

Fuel Type:

Original Owner

NO

Dealer's City

DAYTON

State

OH

Zip Code

45705

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

072100 FUEL SYSTEM, GASOLINE DELIVERY; FUEL PUMP

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)  
18-JUN-2004

Failure Mileage  
70000

Failure Speed

FUEL RETURN LINE LEAK, 09/02/03  
REPLACEMENT OF INJECTOR FUEL RAIL, 09/12/03

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P216/65R15)

DOT No. (Example: DOT1A19ABC036)

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

Number of Deaths

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).

CONSUMER COMPLAINED OF A GAS LEAK. RECALL DAYV10000 WAS ISSUED ON THIS MAKE AND MODEL. HOWEVER, THIS YEARS MODEL WAS NOT INCLUDED IN THE RECALL. \*AK

GASOLINE WAS SPRAYING ON ENGINE; WE FEARED THERE WOULD BE A FIRE. (9/2/03)  
WE WERE ABOUT 1/4 MILE FROM HOME (9/10/03) WHEN GAS BEGAN LEAKING. WE  
LOST 1/4 TANK OF GAS, AND FELT NAUSEATED. THE NEXT MORNING (9/11/03) DAYTON  
FIRE DEPT CHECKED CAR AND OK'D TOWING OF VEHICLE TO WHITE-ALLEN  
CHEVROLET SERVICE DEPT.

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

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).**