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 231

| Date Received | Repository ☐ |
|---|---|
| 2004 AUG 12 PM 3: 37 28-JUN-2004 | Reference No. 10080067 |

**OWNER INFORMATION (Type or Print)**

Name
Address
City NEW KENSINGTON State PA Zip Code

Daytime Telephone Number
Evening Telephone Number
E-mail Address

*Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?* YES [redacted]
*In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.*
Signature of Owner _____ Date / /

**VEHICLE INFORMATION**

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| 1G9GR64H274 | OLDSMOBILE | AURORA | 2001 |

| Date Purchased | Dealer's Name and Telephone Number | Engine: No. Cylinders | Fuel Type: |
|---|---|---|---|
| 5-25-00 | Jerome olds Cadillac | 6 | |

| Original Owner | Dealer's City | State | Zip Code |
|---|---|---|---|
| X | New Kensington | PA | 15068 |

| Transmission Type | | Powertrain | Vehicle Component Code |
|---|---|---|---|
| | ☐ Antilock Brakes ☐ Cruise Control | FRONT WHEEL DRIVE | 013200 STEERING:GEAR BOX:SHAFT PITMAN |
| | | | Multiple Failure: 2 |

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

| Incident Date(s) | Failure Mileage | Failure Speed |
|---|---|---|
| 28-JUN-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: DOTMALBABC036) | ☐ 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).

WHILE TURNING STEERING WHEEL WAS MAKING A CLICKING NOISE. DEALERSHIP REPLACED THE STEERING SHAFT, AND LUBRICATED THE INNER STEERING SHAFT. BUT THE PROBLEM RECURRED. *AK

Moan/Squawk noise During low speed turning maneuver. The [illegible] was Corrected/but we think it is coming back.

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.