



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 1367

Date Received
2004 SEP 21 AM 9:17
23-JUL-2004

Repository
Reference No.
10083537

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City MOORESVILLE State IN 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 address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 8/10/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G3GR62C0S4 [REDACTED]
Make OLDSMOBILE Model AURORA Model Year 1995
Date Purchased [REDACTED] Dealer's Name and Telephone Number (Out of Business) Collins Oldsmobile
Engine: No. Cylinders 8 Fuel Type: Premium Gasoline
Original Owner Dealer's City Indianapolis State IN Zip Code 4
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE
Vehicle Component Code 072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-SEP-2003 Failure Mileage 74000 Failure Speed [REDACTED]
23-OCT-2001 70388
found during oil change at Weliver Chevrolet (317) 831-2790

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: DOTM19ABC036) 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: [REDACTED] Number of Deaths: [REDACTED] 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).

VEHICLE IS EXPERIENCING AN ONGOING PROBLEM WITH FUEL LEAK IN THE FUEL LINES. CONSUMER IS AN AIRCRAFT MECHANIC, AND HAS BEEN PERFORMING A TEMPORARY SOLUTION BY INSTALLING RUBBER FUEL LINES. RECALL FOR FUEL RAIL TUBING 04V110000 WAS ISSUED, BUT THIS VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO VIN: *AK

The first leak was found by Weliver Chevrolet in Mooresville, IN; during an oil change on 23-OCT-2001. The next leak was noticed 22-SEP-2003 and then again July of 2004. Three leaks repaired each time with rubber fuel lines replacing split plastic lines.

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.