



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 - 252

Date Received: 09-AUG-2004
Repository: 7-21
Reference No.: 10087511

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: ROXANA State: IL 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 8/17/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G3GRB2CXS [Redacted]
Make: OLDSMOBILE Model: AURORA Model Year: 1995
Date Purchased: [Redacted] Dealer's Name and Telephone Number: FOUR FLAGS MOTORS 615-656-6340
Original Owner: Dealer's City: EDWARDSVILLE State: IL Zip Code: 62025
Transmission Type: AUTOMATIC And Jack Brakes Cruise Control Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 073100 FUEL SYSTEM, GASOLINE; FUEL INJECTION SYSTEM; FUEL RA
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 09-AUG-2004
Failure Mileage: 80000
Failure Speed: 55

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: DOTM19ABC038): [Redacted] 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: 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).

WHILE DRIVING CONSUMER SMELLED A GASOLINE ODOR COMING FROM THE VENTS. VEHICLE STALLED. CONSUMER WAS UNABLE TO RESTART VEHICLE. HAD THE VEHICLE TOWED TO THE DEALER FOR INSPECTION, AND MECHANIC ADVISED CONSUMER THAT THE PROBLEM HAD BEEN ACKNOWLEDGED FROM THE DEALER. BUT NO SOLUTION WAS AVAILABLE AT THIS TIME. *AK

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

FUEL LINES AT MOTOR HAS CRACKED 4 TIMES
SPILLING FUEL OVER MOTOR
ONE TIME LEAK WAS SO BAD FUEL PRESSURE
DROPPED TO WHERE MOTOR STALLED. I HAD VEHICLE
TOWED TO MY HOME, I CONTACTED DEALER,
THEY TOLD ME THEY WERE AWARE OF PROBLEM AND
THAT RECALL WAS POSSIBLE BUT COULDN'T DO
ANYTHING AT THIS TIME. THEY ALSO SAID FUEL LINES
WERE NOT REPAIRABLE THAT WHOLE SYSTEM HAD TO BE
REPLACED. I FOUND A WAY TO TEMPORARILY REPAIR IT.
THATS WHERE ITS AT TODAY ✓ FIRE HAZARD

US Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



ATTACHED

H. M. 10084

FEETS IF NECESSARY



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



Mr. William H. ...
313 W. Thomas ...
Peoria IL 61603

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<http://www.nhtsa.gov>



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COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

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