



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 100222

Date Received

Repository

25-AUG-2004

Reference No.

10089749

**OWNER INFORMATION (Type or Print)**

Name

Address

City

MINNEAPOLIS

State

MN

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to contact you regarding your vehicle?  
In the absence of an authorized signature, you may sign this questionnaire.  
Signature of Owner

YES  NO  
Date 8/25/04 YES!

**VEHICLE INFORMATION**

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

1G3GR62C4S4

Make

OLDSMOBILE

Model

AURORA

Model Year

1995

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders -8

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA

AUTOMATIC

Cruise Control

Multiple Failure: 1

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

Incident Date(s)

14-JUL-2004

Failure Mileage

129000

Failure Speed

040 MPH

Fuel rail leaking

**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: DOTM19ABC036)

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).

RECALL 04V100000 CONCERNING A FUEL RAIL LEAK. CONSUMER SMELLED GAS, AND VISUALLY SAW THE GAS SPURTING ONTO THE ENGINE. \*AK

GM+OLDSMOBILE say there is no recall for my car!

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.