



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

2004 OCT 27
01-OCT-2004

Repository

Reference No.
10094912

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: **POUGHKEEPSIE** State: **NY** Zip Code: [REDACTED]

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?
in the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. YES NO

Signature of Owner: _____ Date: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **7G3WS52K2W1**
Make: **OLDSMOBILE** Model: **INTRIGUE** Model Year: **1998**
Date Purchased: **5-14-98** Dealer's Name and Telephone Number: **ANDIA MOTOR SALES (845) 677-3406** Engine: No. Cylinders: **6** Fuel Type: **Gas**
Original Owner: Dealer's City: **MILLBRINK, N.Y.** State: **N.Y.** Zip Code: **12545**
Transmission Type: **AUTOMATIC** Andlock Brakes Cruise Control Powertrain: **FRONT WHEEL DRIVE** Vehicle Component Code: **111100 ELECTRICAL SYSTEM: BATTERY: CABLES**
Multiple Failure: **3**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): **01-OCT-2004** Failure Mileage: **52468** Failure Speed: **0** SEE ATTACH REPAIR SHEET

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: DOTMALSABC036): _____ 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: **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 VEHICLE STALLED. CONSUMER WAS UNABLE TO RESTART VEHICLE, AND HAD IT TOWED TO THE DEALER FOR INSPECTION. MECHANIC DETERMINED THAT THE BATTERY CABLES NEEDED REPLACEMENT DUE TO CORROSION. *AK
#1 5-03-01 R20 BATT. POST - REPLACE BATTERY - HAD TO BE TOWED STOPPED ON TRAFFIC
#2 12-27-01 (CORROD SWELLER CAUSED BY #1
#3 4-21-02 A/S. BATT POST REPLACE BATTERY
#4 8-15-02 REP. BATT CABLE CAUSED BY #3
#5 9-24-01 A/S. BATT. POST - REPLACE BATT. TOWED - STOPPED ON HIGHWAY
SEE ATTACHED REPAIR REPORTS

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 responses 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)

#1 5-3-01 STUCK IN MIDDLE LANE OF 3 LANE HIGHWAY DURING MORNING RUSH HOUR - 4 MEN HAD TO STOP TRAFFIC AND PUSH TO A SIDE STREET - CAR WAS TOWED FROM ROUGHKESWIE TO HILLBROOK

#5 ~~10-11-04~~ 9-24-04 STUCK ON RT 96 NORTHBOUND (2 LANE HIGHWAY) INICE WITH 2 YEAR OLD DAUGHTER - SHE WAS ABLE TO COAST OFF TO SIDE BECAUSE SHE WAS ON DOWNGRADE - TOWED FROM RHILSBROOK TO HILLBROOK

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300

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-218
400 7th Street, SW
Washington, DC 20590

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



VEHICLE OWNER'S QUESTIONNAIRE



DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

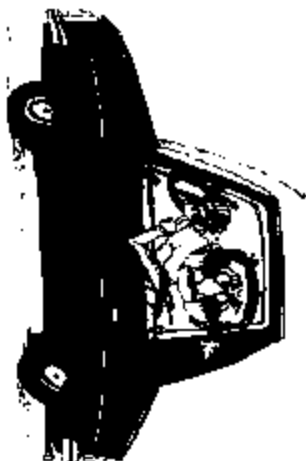
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and dial toll free at

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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).