



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 100218

Date Received

22-OCT-2004

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OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City SPENCER State OK Zip Code [Redacted]

Daytime Telephone Number [Redacted]

E-mail Address [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 11/16/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G3WS52K4WF [Redacted]
Make OLDSMOBILE Model INTRIGUE Model Year 1998

Date Purchased 6-02 Dealer's Name and Telephone Number David Stanley (405) 632-3600
Original Owner Dealer's City Oklahoma State OK Zip Code [Redacted] Engine: No. Cylinders 4 Fuel Type:

Transmission Type AUTOMATIC Antilock Brakes Cruise Control
Powertrain Vehicle Component Code D14200 STEERING:RACK AND PINION:RACK
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 20-OCT-2004 Failure Mileage [Redacted] Failure Speed 15

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: DOTM18ABC036) Original Equipment Prior Repair Failure Location:
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 15 MPH DRIVER WAS UNABLE TO TURN LEFT. VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION, AND MECHANIC DETERMINED THAT RACK AND PINION NEEDED TO BE REPLACED. *AK

During (L) Hand turn my rear End was almost Hit causing me to drive forward into a another cars direction. The whole Event was traumatic for my children & I The care of the car should have been covered under The recall Notice I have enclosed. Thank You [Redacted]

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL INFORMATION

The Privacy Act of 1974 (Public Law 93-578) 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.