



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 100248

Date Received

28-DEC-2004

Repository ☐

Reference No.
10105405

OWNER INFORMATION (Type or Print)

Name

Address

City

INDIANAPOLIS

State

IN

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/11/05

VEHICLE INFORMATION

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

1G3GR54H514

Make

OLDSMOBILE

Model

AURORA

Model Year

2001

Date Purchased

2/22/01

Dealer's Name and Telephone Number

Dellon Oldsmobile

Now Dan Young

317-246-6666

Engine:

No. Cylinders

Fuel Type:

Gas

Original Owner

☒

Dealer's City

Indianapolis

State

IN

Zip Code

46240

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

183000 VEHICLE SPEED CONTROL CABLES

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

28-OCT-2004

Failure Mileage

58,371

Failure Speed

60

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: DOTM13ABC036)

☐ 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), condition, 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 60 MILES PER HOUR WITH THE CRUISE CONTROL ENGAGED, THE CONSUMER UNEXPECTEDLY EXPERIENCED SUDDEN ACCELERATION UP TO 90 MILES PER HOUR. THE OWNER HAD TO PRESS ON THE BRAKES SEVERAL TIMES BEFORE THE VEHICLE CAME TO A STOP. RESULTS SHOWED THAT THE CRUISE CONTROL CABLE HAD BROKEN, WHICH CAUSED THIS PROBLEM TO OCCUR. *JB

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 responses, or a statistical summary thereof, may be used in support of the agency's action.

**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).**