



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 100192

Date Received: 18-JAN-2005
Repository:
Reference No.: 10107434

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: BLOOMFIELD State: IN Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: SAME

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: 2/11/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side): 1G3WS52H [Redacted]
Make: OLDSMOBILE Model: INTRIGUE Model Year: 2000
Date Purchased: 1-3-03 Dealer's Name and Telephone Number: Memorizing Auto 812-829- [Redacted]
Original Owner: Dealer's City: VINCENTES State: IN Zip Code: 47591
Engine: No. Cylinders: [Redacted] Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 014000 STEERING: RACK AND PINION
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 15-JUL-2004 Failure Mileage: 50000 Failure Speed: [Redacted]

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: DOTM19ABC036): [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), condition(s), and injury(ies).)
Crash: Yes No Fire: Yes No
Number of Persons Injured: [Redacted] Number of Deaths: [Redacted] 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).

THE CONSUMER IS EXPERIENCING PROBLEMS WITH THE RACK AND PINION. THE CONSUMER HAD THE VEHICLE CHECKED BY THE DEALER AND ALSO CONTACTED THE MANUFACTURER. THE CONSUMER STATED THAT MAKING A LEFT TURN IS EXTREMELY DIFFICULT. THE MANUFACTURER HAS RECALLED THE 1998 AND 1999 MODELS FOR THIS DEFECT BUT THE 2000 MODELS HAVE NOT BEEN RECALLED FOR THIS PROBLEM, AS OF YET. PROVIDE FURTHER DETAILS. *JB
a struggle to turn left it takes both hands. Cold mornings it is even worse as wheel is so stiff! I also have phosphenated lubricants which is a real struggle to turn left. It seems to be getting worse as time goes by.

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 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.