



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received: 12:00 PM - 3  
Repository:   
Reference No.: 10120734

**OWNER INFORMATION (Type or Print)**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: BEAVER FALLS State: PA 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?  
In the absence of or \_\_\_\_\_ to the vehicle manufacturer.  YES  NO  
Signature of Owner: \_\_\_\_\_ Date: 5/24/05

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G3CR62C5M  
Make: OLDSMOBILE Model: ALTOURA Model Year: 1997  
Date Purchased: 19-MAR-03 Dealer's Name and Telephone Number: MCELWAIN Engine: No. Cylinders: 8 Fuel Type: Gas  
Original Owner:  Dealer's City: ELWOOD CITY State: PA Zip Code: 16117  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control Powertrain: FRONT WHEEL DRIVE  
Vehicle Component Code: 110000 ELECTRICAL SYSTEM  
Multiple Failure: 4

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

Incident Date(s): 23-JUN-2004 Failure Mileage: 89000 Failure Speed: \_\_\_\_\_  
**MULTI-FUNCTION SWITCH - ITS MALFUNCTION IS HEAT ACTIVATED**

**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: DOTM1A9ABC036)  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 specify in detail the brake(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).

DT:06/23/04 HEADLIGHTS FLASH ON AND OFF CONTINUOUSLY RANDOMLY EVEN WHEN CAR IS NOT RUNNING. HEADLIGHTS SEEM TO FLASH ONLY IN HOT WEATHER. DEALER REPORTS THE SWITCH'S MALFUNCTION IS HEAT ACTIVATED. DEALER REPORTS THAT THE CAR IS JUST OLD AND NEEDS A \$525 REPLACEMENT. \*NM  
*The tail lights are also flashing on & off when this happens. I think it's a distraction to other drivers in the daytime & a major safety issue at night. When I reported this to the dealer, he said there were 3 other's of same year, make & model with the same problem that were*

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

It was midnight when I went to bed & the car was still flashing. So, it takes 7+ hours for the part (multi-function switch) to cool down.

I talked to Mark D'Alverti at OLS. 1-866-942-4368 EXT. 45126

Case # 1-231-685-906 (6-23-04)

I have no trouble in the written with this part.

I was told my reference # for DOT was 1012734

(this is different from the front of this form)

the dealer also said many other things will start to go wrong that this switch controls.

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



Ms. Joan Dannahower 146 Pinebrook Dr. Beaver Falls, PA 15010



**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-216  
400 7th Street, SW  
Washington, DC 20590



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