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 100148	
Date Received: 26-SEP-2005	Repository ☐
	Reference No.: 10137691

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number	
City: SICKLERVILLE	State: NJ	Zip Code: [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 [redacted] or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 10/3/2005

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)	Make	Model	Model Year
1G3NL5[redacted]	OLDSMOBILE	ALERO	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-APR-02	Belle Glade Chevrolet			No. Cylinders: 6	Gas
Original Owner ☒	Dealer's City: Belle Glade	State: FL	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	127000 EXTERIOR LIGHTING:HAZARD FLASHING WARNING LIGHTS Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-SEP-2004	65,000	all	

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: DOTMALSABC03B)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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: THE CONTACT OWNS A 2002 OLDSMOBILE ALERO. THE HAZARD AND TURN SIGNAL FLASHERS WORK INTERMITTENTLY AND SOMETIMES ARE INOPERATIVE. THE CONTACT SAW OTHER COMPLAINTS ON THE NHTSA WEBSITE FOR THIS PROBLEM. CONTACTED GM, AND THEY WERE UNWILLING TO HELP WITH THE REPAIR BECAUSE THIS VEHICLE WAS NOT INCLUDED NHTSA RECALL 03V327000 DUE TO VIN. THE CONTACT HAS BEEN HAVING THIS PROBLEM WITH LIGHTS FOR TWELVE MONTHS. THE CONTACT MOVED FROM A WARM WEATHER CLIMATE TO A FOUR SEASON CLIMATE, AND THAT WAS WHEN HE BEGAN TO HAVE THIS PROBLEM. IT WENT AWAY UP UNTIL THE WEATHER BEGAN TO CHANGE NOW.

(faulty)

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY