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	Repository ☐
05-Nov-2005	Reference No. 10142315

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City ST. LOUIS	State MO	Zip Code 63109	Evening Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a [illegible] NHTSA not provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 11/22/2005

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G3NL52[redacted]	OLDSMOBILE	ALERO	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
08-JUL-00	Enterprise Leasing	314 842 6230		No. Cylinders 6	Gas
Original Owner ☐	Dealer's City Saint Louis	State MO	Zip Code 63123		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	127200 EXTERIOR LIGHTING:HAZARD FLASHING WARNING LIGHTS: Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-FEB-2005	45000		

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: DOTMAL9A8C036)	☐ 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 to detail the Incident(s), Crash(es), and Injury(ies))

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 STATED THE TURN SIGNALS WORKED INTERMEDIATELY. THE DEALERSHIP REPLACED A COMPUTER COMPONENT TRYING TO REPAIR THE PROBLEM, HOWEVER THE PROBLEM RECURRED. THE CONTACT FELT THAT THE PROBLEM WAS THE SAME AS MENTIONED IN NHTSA RECALL 03V327000/ INVESTIGATION NUMBER RQ04005. THERE WAS A SPECIAL SERVICE CAMPAIGN BEING DONE BY THE MANUFACTURER. THE DEALERSHIP SAID THIS VEHICLE WAS NOT INCLUDED. *AK

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