



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-2900  
(1-888-327-4236)  
INTERNET: [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
13-NOV-2007	Reference No. 10208769

**OWNER INFORMATION (Type or Print)**

Name			Daytime Telephone Number	E-mail Address
Address				
City	State	Zip Code	Evening Telephone Number	
DUBUT	IA			

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an address to the vehicle manufacturer.  YES  NO  
Signature of Owner \_\_\_\_\_ Date 10/23/08

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G3CW53L1N4	Make OLDSMOBILE	Model 98	Model Year 1992
Date Purchased 01-AUG-07	Dealer's Name and Telephone Number CAL CARS HYUNDIRA 563-690-2277		Engine: No: Cylinders 6
Original Owner <input type="checkbox"/>	Dealer's City DUBUT	State IA	Zip Code 52002
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain ALL WHEEL DRIVE	Vehicle Component Code 060000 ENGINE AND ENGINE COOLING
Multiple Failure: 1			

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

Incident Date(s) 09-NOV-2007	Failure Mileage 166000	Failure Speed 25	
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**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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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**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).

TL\*THE CONTACT OWNS A 1992 OLDSMOBILE 98. THE ALTERNATOR FAILED WHILE DRIVING 25 MPH. THE VEHICLE WAS TOWED TO THE CONTACT'S RESIDENCE. THE DEALER WOULD NOT ASSIST BECAUSE THE VEHICLE WAS PURCHASED AS IS. THE CURRENT MILEAGE WAS 170,000 AND FAILURE MILEAGE WAS 166,000.

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 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)**

The Car sat in the Street From 12-06 4-07  
I lost a Job because of this Car and I had  
to hitchhike to work I'm 47 years old +  
I trusted ~~these~~ these people they sold me a  
Lemon then on November it failed again  
@ 1245 Am I didnt make it home untill 2 Am  
my Son was @ work I Barely made it to pick up  
my piece + it happened that the water pump went out  
in the middle of the road + I couldnt even get it off the road

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



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

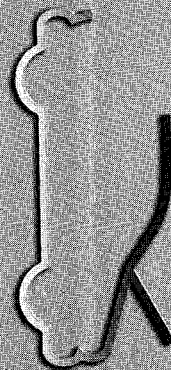
**BUSINESS REPLY MAIL**

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-210  
400 7th Street, SW  
Washington, DC 20590

**Think your vehicle  
has a safety defect?**



**If so:  
Use the enclosed  
form to file a report.**

**or visit:  
[www.safercar.gov](http://www.safercar.gov)**

**or call:  
Vehicle Safety Hotline  
888-327-4236**



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