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

2008 APR -2 AM 8:06

FOR AGENCY USE ONLY 100148	
Date Received 17-MAR-2008	Repository ☐
	Reference No. 10221486

OWNER INFORMATION (Type or Print)

Name [redacted]		
Address [redacted]	Daytime Telephone Number [redacted]	E-mail Address
City ALTOONA State PA Zip Cod[redacted]	Evening Telephone Number	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an au[redacted]de your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 3 1 2008

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G3GR62C0Y[redacted]	OLDSMOBILE	AURORA	1998

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
10-23-99	Condrin, 814-886-4137			No: Cylinders 8	Gas
Original Owner ☐	Dealer's City Creson,	State Pa	Zip Code 16630		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain FRONT WHEEL DRIVE	060000 ENGINE AND ENGINE COOLING Multiple Failure: 100

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
17-JUL-2007	104800	30

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: DOTMAL9ABC036)	☐ 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	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).

TL*THE CONTACT OWNS A 1998 OLDSMOBILE AURORA. WHEN SHE STOPPED AT A TRAFFIC LIGHT OR A STOP SIGN, THE VEHICLE WOULD SHUT OFF. THE FAILURE OCCURRED INTERMITTENTLY ON MORE THAN ONE OCCASION. THE VEHICLE RESTARTED AFTER SHE SHIFTED GEARS TO PARK AND THEN DRIVE. THERE WERE NO WARNING LIGHTS PRESENT. THREE MECHANICS PERFORMED TEST TO DIAGNOSE THE FAILURE; HOWEVER, THEY WERE UNSUCCESSFUL AND CORRECTING THE FAILURE. THE DEALER STATED THAT THEY HAD NO COMPLAINTS RELATED TO THE FAILURE. THE CURRENT MILEAGE WAS 105,000 AND THE FAILURE MILEAGE WAS APPROXIMATELY 104,800.

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