


JUL 30 2014

 <p>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</p>			FOR AGENCY USE ONLY 100148		
			Date Received 10-APR-2014	Repository <input type="checkbox"/>	
OWNER INFORMATION (Type or Print)					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	MI	Zip Code		
KALKASKA					
<p>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</p>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make	Model	Model Year
1G3WS52H4YF			OLDSMOBILE	INTRIGUE	2000
Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s) 12-MAR-2014	
	<input type="checkbox"/> Cruise Control				
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 010000 STEERING, 116000 ELECTRICAL SYSTEM: IGNITION				Failure Mileage 138000	Failure Speed 10
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					
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	
<p>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).</p>					
<p>TL* THE CONTACT OWNS A 2000 OLDSMOBILE INTRIGUE. THE CONTACT STATED WHILE DRIVING 10 MPH, THE VEHICLE STALLED WITHOUT WARNING. THE VEHICLE WAS TAKEN TO A LOCAL MECHANIC, WHO STATED THAT THE IGNITION SWITCH WOULD NEED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURE WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 138,000.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p>					
<p>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.</p>					

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

This was a very dangerous incident. As I was getting ready to turn out onto a highway with ~~speed~~ going 55 to 65 m.p.h. I would ^{have} and my passengers could have been very seriously injured or killed. More older cars should be included in the recall.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue SE, Washington, D.C. 20077-9382
Official Business
Penalty for Private Use \$300

TRAVERSE CITY
MI 496 1
17 JUL 2014 PM

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC
POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



Think your vehicle has a safety defect?

If so:

Use the enclosed form to file a report.

or visit:


www.safercar.gov

or call:

Vehicle Safety Hotline

888-327-4236

NHTSA



COY AUTO & TRUCK CENTER LLC
3616 US 131 NE
Kalkaska, MI 49646

Phone 231-258-2296 Fax 231-258-1096

Invoice

Date 3/24/2014 Invoice # 12623

Bill To



Due upon receipt

Year	Make	Model	Truck #	Mileage	Vin#
2000	Olds	Intrigue			

Quantity	Description	Rate	Amount
1	ignition switch	130.99	130.99T
2.2	Labor	70.00	154.00
	R&R ignition switch		
	Sales Tax	6.00%	7.86

*PAID # 2915
D.C.*

YOU ARE ENTITLED BY LAW TO THE RETURN OF ALL PARTS REPLACED, EXCEPT THOSE WHICH ARE TOO HEAVY OR LARGE, AND THOSE REQUIRED TO BE SENT BACK TO THE MANUFACTURER OR DISTRIBUTOR BECAUSE OF WARRANTY WORK OR AN EXCHANGE AGREEMENT. YOU ARE ENTITLED TO INSPECT THE PARTS WHICH CANNOT BE RETURNED TO YOU.

Total \$292.85

Doug Coy M173876

YOU ARE ENTITLED TO A COPY OF THIS ORDER AT THE TIME OF YOUR SIGNATURE

I hereby authorize the repair work herein set forth to be done along with necessary materials and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delay in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express garagekeeper's lein is hereby acknowledged on above vehicle to secure the amount of repairs thereto. I understand that pursuant to said express garagekeeper's lein, I have no right of possession to the above vehicle until the repairs hereto have been paid in full or until you and/or your employees have voluntarily released the vehicle to me.

X _____
Customer Signature