

 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	
U.S. Department of Transportation National Highway Traffic Safety Administration				Date Received 02-OCT-2014 NOV 20 2014	
OWNER INFORMATION (Type or Print)				Repository <input type="checkbox"/> Reference No. 10640728	
Name [REDACTED]		Address [REDACTED]		Daytime Telephone Number [REDACTED] E-mail Address NOEMAIL@UNK.GOV	
City BAXTER		State MN		Zip Code [REDACTED]	
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).					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G3WS52K0WF [REDACTED]		Make OLDSMOBILE		Model INTRIGUE	
Model Year 1998		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 <input type="checkbox"/> Cruise Control		Powertrain		Multiple Failure:	
Incident Date(s) 01-SEP-2014					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 110000 ELECTRICAL SYSTEM				Failure Mileage	
				Failure Speed	
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)		<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	
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 INTRIGUE. THE CONTACT RECEIVED A RECALL NOTICE FOR NHTSA CAMPAIGN NUMBER: 14V400000 (ELECTRICAL SYSTEM) IN SEPTEMBER OF 2014. THE DEALER STATED THAT THE PARTS WOULD BE AVAILABLE BY OCTOBER 1, 2014. THE CONTACT NOTIFIED THE DEALER AFTER OCTOBER 1, 2014 AND WAS INFORMED THAT THE PARTS WERE STILL NOT AVAILABLE. THE CONTACT HAD NOT EXPERIENCED A FAILURE. <i>(Recall notice)</i> <i>The auto was not used the last 2 weeks in Oct. 2014 as owner was on a trip. Upon owner's return, dealer had received parts and auto has now received corrected action.</i>					
				11/6/14	
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.					