



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECT
1-888-DASH-2-DOT
1-888-327-4236
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY
Date Received: **00 FEB -1 PM 11:46**
OFFICE DEFECTS INVESTIGATION

POSTED
Od_or _____
rt_dt _____
od_rt _____
up_tr _____

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: [Redacted] State: [Redacted] Zip: [Redacted]

Reference No. **550634**

Daytime 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 _____ or address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: **01/15/00**

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (17 Digits) 1G3WS52K8WF322522	(Located at bottom of windshield on driver's side)	Vehicle Make OLDS	Vehicle Model INTRIGUE	Vehicle Year 1998	Current Odometer Reading 23490
Purchased Date 10-20-97	Dealer's Name BROOME OLDSMOBILE	Engine Size (CID/CC) 1.6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City INDEPENDENCE	State MO.	Zip Code 64055	No. Cylinders 4	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Sport Ult. <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other					

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Steering	Part Name(s) INTERMEDIATE STEERING SHAFT	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 2	Date(s) of Failure(s) UNKNOWN	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PHONE
Mileage at Failure(s) "		Vehicle Speed at Failure(s): NOT APPLICABLE	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Persons Injured NONE	Number of Fatalities NONE	Estimated Property Damage \$ NONE	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters).
Note: This information not required for normal operation tires.

DOT	Manufacturer	Tire Name	Complete Tire Size
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U.S. DOT safety standard code
The number may be on the inner side of the tire and have up to 11 letters and numbers. Usually located near rim flange on side opposite whitewall or on either side of blackwall tire.

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 to 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 administration 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 steering shaft in my car has been replaced once due to looseness in component.

Since then it has gone bad again, same problem, but G.M. Dealer said would not replace it again until it is much worse.

My concern is if there is a safety risk involved with a system that apparently isn't designed right.

Grinding sound is heard in steering system when turning steering wheel at slow speeds, there is also a vibration felt in steering wheel.

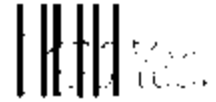
ATTACH ADDITIONAL SHEETS IF NECESSARY

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
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

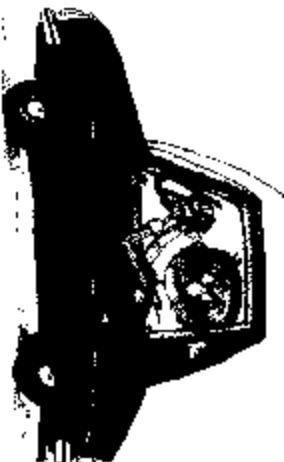
DASH2DOT

and dial toll free at

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(DASH) 2 DOT



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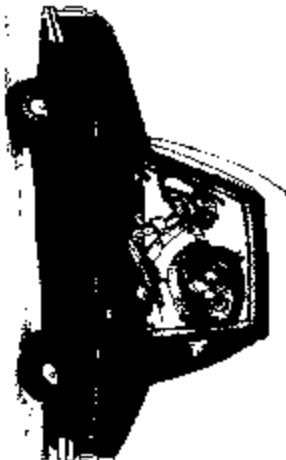
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QUESTIONNAIRE



VEHICLE OWNER'S