

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline

# Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Date Received

16-AUG-2000

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

728118

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(located at front of vehicle or on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3WS52K0WF340402	OLDSMOBILE	INTRIGUE	1998	

Purchase Date <b>01-DEC-1998</b>	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Inlulubell <input checked="" type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

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

Component	Part Name(s)	Location	Failed Part(s)
05100000	ENGINE	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <b>4</b>	Date(s) of Failure(s) <u>11-AUG-2000</u> Mileage at Failure(s) <u>74602</u> Vehicle Speed at Failure(s) <u>0</u>	Failed Part(s) Available?   Yes   No	NHTSA Previously Contacted?   Yes   No

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AT TIME, MY CAR WILL NOT START; THE DASH LIGHTS, AIR, RADIO, ETC. COME ON, BUT THE ENGINE WILL NOT TURN OVER. AFTER A FEW MINUTES AND CONTINUALLY TURNING THE IGNITION ON, IT FINALLY WILL START. THIS HAPENED FOR THE FIRST TIME 4/13/00. AFTER IT STARTED, I WENT IMMEDIATLY TO THE OLDSMOBILE DEALERSHIP (MCGOUGH). THEY COULD FIND NOTHING WRONG. THIS HAPPENED AGAIN 7/26/00. I TOOK MY CAR TO MCGOUGH THE FOLLOWING DAY. THEY REPLACED THE IGNITION SWITCH AND SAID THIS HAD BEEN THE PROBLEM. CAR WOULD NOT START 7/28/00. TOOK IT TO MCGOUGH THE FOLLOWING DAY. ON ADVICE OF TECHNICAL ASSISTANCE (ENGINEER), THEY CHECKED AND TIGHTENED ALL CONNECTIONS AND TERMINAL ENDS. CAR WOULD NOT START AGAIN ON 8/11/00. TOOK CAR TO MCGOUGH THE FOLLOWING DAY. 1

CONTINUE ON BACK IF NEEDED

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 administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.