Form Approved: OMB No. 2127-0042

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 258

Date Received: 16-MAR-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 742549

[redacted]

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.) (Location of number and check digit)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1G3NL1437NM434343	OLDSMOBILE	ACHIEVA	1992	

Purchase Dat		Engine Size	
01-APR-2092	Dealer's Name_____	(CID/CC/L 2.3L S	☐ Turbo
☒ New ☐ Used	City_____ State_____ Zip Code_____	No Cylinders _____	☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
05150021	ENGINE:GASKETS:VALVE COVER	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
	12-MAR-2001	89580 0	☐ Yes ☐ No	☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

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

I TRIED TO START MY CAR TO GO TO WORK ON 3/12/01 AND I IMMEDIATELY NOTICED A PROBLEM. I APPEARED TO WORK FINE THE DAY BEFORE. THE CAR DID START BUT IMMEDIATELY IT STARTED TO POOR SMOKE OUT THE EXAUST PIPE. I ALSO NOTICED THE SMELL OF ANTI-FREEZE. I DROVE IT APPROXIMATELY 1/2 MILE TO MY NORMAL SERVICE STATION WHERE IT WAS DIAGNOSED AS A BLOWN CYLINDER HEAD GASKET. AFTER RECEIVING THIS INFORMATION I CONTACTED THE DEALER WHERE WE PURCHASED THE CAR (REGENCY OLDSMOBILE) AND THEY TOLD ME THE CAR DID NOT MEET THE CRITRIA BECAUSE OF ITS AGE. THEY CONFIRMED THE VIN NUMBER I GAVE THEM HAD THE PROBLEM, BUT MY PROBLEM WAS THAT MY CAR WAS TO OLD. I THEN CALLED OLDSMOBILE CUSTOMER ASSISTANCE OFFICE AT 1-800-442-6537 WHERE THE LADY TOLD ME THAT MY CAR DID NOT QUALIFY FOR A

CONTINUE ON A SEPARATE SHEET