



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 1039

Date Received

12-DEC-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8000662

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G3WS52K0WF339511	OLDSMOBILE	INTRIGUE	1998			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input 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 01430000	Part Name(s) STEERING:GEAR:RACK	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN APPLYING BRAKES AND TURNING STEERING WHEEL VEHICLE PULLS AND MAKES A CREAKING NOISE. TOOK VEHICLE IN TO CHECK BRAKES, AND DEALER STATED IT WAS GEAR RACK. CONTACT GMC, AND THEY STATED THIS WAS NOT A SAFETY ISSUE. *AK

CONTINUE ON REVERSE

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.



U.S. Department of Transportation
National 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

AGENCY USE ONLY

1039

Defect Received: *12-25 PM 12:00*
12-DE-2001
OFFICE DEFECTS INVESTIGATION

Old or rt_d: _____
od_rt: _____
up_itr: _____

Reference No.

8000662

OWNER INFORMATION (Type or Print)

729961

Work Number

Home No.

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorized representative, please provide name and address to the vehicle manufacturer.

YES NO

Signature of Owner

Date *12/21/01*

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) **1G3WS52K0WF339511** Vehicle Make **OLDSMOBILE** Vehicle Model **INTRIGUE** Vehicle Year **1998** Current Odometer Reading **48,000**

Purchase Date **May 30, 1998** Dealer's Name **Olson - went out of business**
 New Used **City Livonia State MI Zip Code 48150**

Engine Siz. (CID/CC) **3.8 liter** Turbo
Diesel
Gas
Fuel Injectio
No. Cylinders _____

Transmission Type Manual Automatic
Antilock Brakes Yes No
Restraint System 3-Point Belt Motorbelt 2-Point Belt
 Driverside Airbag Passengerside Airbag
Cruise Control Yes No
Drive Train Front Rear 4-Wheel
Vehicle Type Car Sport Util Truck Motorcycle
 Van Minivan Other
Body Style 2-Door 4-Door Stationwagon Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component **01430000** Part Name(s) **STEERING:GEAR:RACK** Location Left Right Front Rear
Failed Part(s) Original Replacement

No. of Failures _____ Date(s) of Failure(s) **30-MAY-1998** Mileage at Failure(s) **48** Vehicle Speed at Failure(s) _____
Failed Part(s) Yes No NHTSA Previously 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 Yes No Fire Yes No Number of Persons Injured _____ Number of Fatalities _____ Estimated Property Damage _____ Reported to Police Yes No

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

WHEN APPLYING BRAKES AND TURNING STEERING WHEEL VEHICLE PULLS AND MAKES A CREAKING NOISE. TOOK VEHICLE IN TO CHECK BRAKES, AND DEALER STATED IT WAS GEAR RACK. CONTACT GMC, AND THEY STATED THIS WAS NOT A SAFETY ISSUE. *AK

Car was taken to Olson for service on this noise while under 36,000 mile warranty three times but noise was not fixed. I found out in Oct. 2001 that the repair will cost \$1,087. It has existed since I purchased it.

CONTINUE ON BACK IF NEEDED

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