



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 197

Date Received

12-FEB-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8003961

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)<br><small>(Locate at bottom of<br/>windshield or driver's side)</small> |                                                             | Vehicle Make                                                                                                                                                                                                                   | Vehicle Model                                               | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                      |
| 1G3CW53L0M432365                                                                                 |                                                             | OLDSMOBILE                                                                                                                                                                                                                     | 98                                                          | 1991                                                                                                                                         |                                                                                                                                                                                               |
| Purchase Date                                                                                    | Dealer's Name _____                                         |                                                                                                                                                                                                                                | Engine Size<br>(CID/CC/L _____)                             | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                               |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                            | City _____ State _____ Zip Code _____                       |                                                                                                                                                                                                                                | No Cylinders _____                                          |                                                                                                                                              |                                                                                                                                                                                               |
| Transmission Type                                                                                | Antilock Brakes                                             | Restraint System                                                                                                                                                                                                               | Cruise Control                                              | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                  |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____                                                      |
|                                                                                                  |                                                             |                                                                                                                                                                                                                                |                                                             |                                                                                                                                              | <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Body Style                                            |
|                                                                                                  |                                                             |                                                                                                                                                                                                                                |                                                             |                                                                                                                                              | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

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

|                       |                                                                                                  |                                                                                                                                          |                                                                                             |
|-----------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>05150030 | Part Name(s)<br>ENGINE:VALVES:VALVE TRAIN                                                        | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure<br>0    | Dates of Failure(s) 11-FEB-2002<br>Mileage at Failure(s) 134000<br>Vehicle Speed at Failure(s) 0 | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities<br>0 | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------|---------------------------|--------------------------|--------------------------------------------------------------------------------|

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

CONSUMER HAD NOTICED A STRONG VIBRATION COMING FROM ENGINE. HAD TAKEN VEHICLE TO DEALER, AND THEY REPLACED ENGINE VALVE TO FIND A SOLUTION, BUT DID NOT HELP AND THE PROBLEM STILL THERE. PLEASE PROVIDE MORE INFORMATION.\*AK

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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.