



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 117

Date Received

11-MAR-2002

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8005291

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		
FILL IN	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 checked="" 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 08220200	Part Name(s) ELECTRICAL SYSTEM:INSTRUMENT PANEL:COMPUTER COMM	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) 15-FEB-2002 Mileage at Failure(s) 45000 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING CAN FEEL CONTROL BUTTONS ON STEERING WHEEL BECOMING OVERHEATED.
CONTROL BUTTONS ADJUST ELECTRICAL COMPONENTS ON DASH. HAVE NOT CONTACTED DEALERSHIP.
*AK

COPIED FROM NHTSA FORM 117

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.



DOT Auto Safety Hotline

FOR AGENCY USE ONLY 117

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

Vehicle Owner's Questionnaire (VOQ)

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

Date Received: 11-MAR-2002
Office: DEFECTS INVESTIGATION
Od_or: _____
rt_dt: _____
od_rt: _____
up_ltr: _____

Reference No.
8005291

OWNER INFORMATION (Type or Print)

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: 03/14/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield or driver's side): **FILL IN 1G3WS52R4WF319523** Vehicle Mak: **OLDSMOBILE** Vehicle Model: **INTRIGUE** Vehicle Year: **1998** Current Odometer Reading: **111,111**

Purchase Date: **01-19-2002** Dealer's Name: **White Auto Sales** Engine Siz (CID/CC/L): **2.8** Turbo: Diesel: Gas: Fuel Injectio:
 New Used City: **Lenoir** State: **NC** Zip Code: **28642** No Cylinders: **4**

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: **08320200** Part Name(s): **ELECTRICAL SYSTEM: INSTRUMENT PANEL: COMPUTER COMMAN** Local or Foreign Part(s): Left Right Front Rear Failed Part(s): Original Replacement

No. of Failures: **1** Date(s) of Failure(s): **15-FEB-2002** Mileage at Failure(s): **45000** Vehicle Speed at Failure(s): **Not applicable** 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)

WHILE DRIVING CAN FEEL CONTROL BUTTONS ON STEERING WHEEL BECOMING OVERHEATED. CONTROL BUTTONS ADJUST ELECTRICAL COMPONENTS ON DASH. HAVE NOT CONTACTED DEALERSHIP. *AK

Buttons on steering wheel to adjust volume etc get hot & the buttons to adjust radio get hot!

CONTINUE ON BACK IF NEEDED

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