



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 758

Date Received

03-JUN-2002

Ord or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8010878

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		
1G3HC52K4V4858528	OLDSMOBILE	REGENCY	1997			
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" 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 checked="" 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 05100000	Part Name(s) ENGINE	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 7	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)

VEHICLE HAS STALLED 7 TIMES AT VARIOUS SPEEDS. DEALER HAS INSPECTED VEHICLE TWICE, BUT
COULD NOT FIND THE CAUSE.*AK

CONTINUED 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.



Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
National Highway Traffic Safety Administration
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4238
www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

DAYTON OH
756762
Work Number: [REDACTED]
Home Number: [REDACTED]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 YES NO
Signature of Owner: [REDACTED] Date: 6/13/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 1G3HC52K4V4858528
Vehicle Make: OLDSMOBILE
Vehicle Model: REGENCY
Vehicle Year: 1997
Current Odometer Reading: 53261

Purchase Date: 1997
Dealers Name: Walker Cos/AAO (COT OF OHIO) State: OH Zip Code: [REDACTED]
Engine Size (CID/CYL): 3.8 No Cylinders: V6
Fuel Injecto: Turbo Diesel Gas

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

Component: 05100000
Part Name(s): ENGINE
Location: Left Right
Failed Parts: Original Replacement

No of Failures: 7
Dates of Failure(s): 28-APR-2002
Mileage at Failure(s): 53000
Vehicle Speed at Failure(s): 48 MPH F
Failed Parts: Yes No
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: N/A
Number of Fatalities: N/A
Estimated Property Damage: N/A
Reported to Police: Yes No

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

VEHICLE HAS STALLED 7 TIMES AT VARIOUS SPEEDS. DEALER HAS INSPECTED VEHICLE TWICE BUT COULD NOT FIND THE CAUSE. AK. EVEN THOUGH I HAD EXTENDED WARRANTY, I HAD TO PAY \$55 VILLAGE CDS DOWEL 79.88 FOR THE SECOND INSPECTION. THE (HIS FATHER ABANDON ON JUNE 6, 2002. HAD IT ROLLED TO CARPENTERVILLE SERVICE CENTER AND NHTSA ST. CENTRALE PHO 45459. THEY REPAIRED THE CRANK SHAFT POSITION SENSOR. WE HAVE PUT PERMISSION ON THE MASS SENSOR AND HAVE NOT HAD ANY EXHAUST STOPS. GENERAL NOTES SHOULD BE FORCED TO (WRITE A TEST TO DETERMINING IF THE CRANK SHAFT POSITION SENSOR IS FAILING DURING SOMEONE'S

CONTINUE ON BACK IF NEEDED

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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

GETS KILLED WHEN THE ENGINE SHUTS OFF IN THE FAST LANE OF AN INTER STATE HIGHWAY. WHEN IT SHUTS OFF THERE IS NO POWER STEERING AND NO POWER BRAKES. UNLESS THE VEHICLE IS MOVED INTO NEUTRAL IT WILL COME TO A STOP VERY FAST WHICH WOULD MAKE IT VERY DIFFICULT TO GET OVER TO THE SHOULDER. I FEEL MY GM WARRANTY SHOULD HAVE PAID FOR ALL TEST UNTIL THE CAUSE IS FOUND. SINCE WALKER WAS SOLD OUT, I HAVE BEEN TAKING MY OLDS TO VOSS OLDS IN CENTERTOWN, BUT THEY WOULD NOT DO ANY MORE TESTING UNLESS I PAID FOR IT. I AM GOING TO CONTACT MR. NADER. I FEEL THERE SHOULD BE A RECALL ON THE CRANK SHAFT POSITION SENSOR.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

2059070001



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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