

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 231</p> <p>Date Received: <u>08 NOV 20 2003</u></p> <p style="text-align: center;">OFFICE OF DEFECTS INVESTIGATION</p> <p>Reference No. <u>8022451</u></p> <p>Work Number _____</p> <p>Home Number _____</p>
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OWNER INFORMATION (Type or Print)

CHAPIN SC

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an authorized signature, please print name and address to the vehicle manufacturer.

Signature of Owner _____ Date 11/1/03

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <u>2BA1G3GA62C15410</u>	Vehicle Make <u>OLDSMOBILE</u>	Vehicle Model <u>AURORA</u>	Vehicle Year <u>1995</u>	Current Odometer Reading <u>160,000</u>		
Purchase Date _____	Dealer's Name _____	Engine Stz (CID/CC) <u>4.0</u>	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injecto			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders <u>8</u>				
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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" 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 <u>06131000</u>	Part Name(s) <u>FUEL: FUEL LINES: METALIC</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <u>3</u>	Date(s) of Failure(s) <u>1999 2001 2002</u>	Mileage at Failure(s) <u>~75,000 ~110,000, ~155,000</u>	Vehicle Speed at Failure(s) <u>0 MPH</u>
		Failed Part(s) Available? <input checked="" 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 <i>Possible</i>	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>\$0 total loss if fire</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER NOTICE WHILE LOOK UNDER HOOD SMALL PIN HOLE IN THE FUEL RAIL SPRAYING GAS OVER ENGINE. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER INFORMATION.

TS
 On three different occurrences/locations, pin hole leaks occurred.
 Leak is hidden by plastic cover.
 Friend w/ same car caught on fire while at stop sign.
 Fire traced to plastic fuel rails.

CONTINUE ON BACK IF NEEDED

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.