

U.S. Department  
of TransportationNational 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

FOR AGENCY USE ONLY 118

Date Received

06-APR-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

859804

 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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3NL52TXXC329816	OLDSMOBILE	AURORA	1999	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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 Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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	Par. Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 04-APR-2000 Mileage at Failure(s) 36000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 Damage	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)

WHEN DRIVING THROUGH A SMALL PUDDLE OF WATER, WATER WAS STACKED UP THROUGH THE AIR HOSES, WHICH CAUSED THE ENGINE TO LOCK UP. VEHICLE WAS TOWED TO DEALERSHIP. OWNER WAS TOLD THAT THE ENGINE WOULD HAVE TO BE REPLACED. PLEASE PROVIDE ANY FURTHER INFORMATION. \*AK

CONTINUED ON BACK PLEASE

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 U.S. Department of Transportation National Highway Traffic Safety Administration	<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	<b>FOR AGENCY USE ONLY</b> 118 Date Reported: <u>06-APR-2000</u> 00 MAY 30 AM 06-APR-2000 OFFICE: BEFEGTS INVEST Reference No. <u>859804</u>
	<b>OWNER INFORMATION (Type or Print)</b> [Redacted] <u>6D1367</u> Work Number: [Redacted] Home Number: [Redacted]	

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: [Redacted] Date: 5/8/00

VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> <u>1G3NL52TXXC329816</u>	Vehicle Make <u>OLDSMOBILE</u>	Vehicle Model <u>AURORA</u>	Vehicle Year <u>1999</u>	Current Odometer Reading	Purchase Date <u>Nov 95</u>	Dealer's Name <u>Jim Burke Buick</u>	Engine Size (CID/CC/L) No Cylinders <u>4</u>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		City <u>Bham</u> State <u>AL</u> Zip Code _____		Engine Type: <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag		Cruise Control: <input type="checkbox"/> Yes <input checked="" 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"/> Sport Utl <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 <u>08100000</u>	Part Name(s) <u>ENGINE</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	Date(s) of Failure(s) <u>04-APR-2000</u> Mileage at Failure(s) <u>35000</u> Vehicle Speed at Failure(s) <u>15 mph</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHEN DRIVING THROUGH A SMALL PUDDLE OF WATER, WATER WAS STACKED UP THROUGH THE AIR HOSES, WHICH CAUSED THE ENGINE TO LOCK UP. VEHICLE WAS TOWED TO DEALERSHIP. OWNER WAS TOLD THAT THE ENGINE WOULD HAVE TO BE REPLACED. PLEASE PROVIDE ANY FURTHER INFORMATION. \*AK The engine has now been replaced with a use motor. The car drives awful, the engine seriously feels like it is shaking when you drive it. Nothing was wrong with brakes when they received car new, all of a sudden they are very bad, the car engine makes a whine noise

CONTINUE ON BACK IF NEEDED

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