


U.S. Department of Transportation National 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 241		
OWNER INFORMATION (Type or Print)		665427		Date Received 08-JAN-2001	Od_or _____ rt_dt _____ od_rt _____ up_itr _____	
				Reference No. 877691		
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Signature of Owner _____				Date ____/____/____		
VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G3WS52K4WF368767		Vehicle Make OLDSMOBILE	Vehicle Model INTRIGUE	Vehicle Year 1998	Current Odometer Reading	
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 Injectio		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____		No Cylinders _____			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Body Style <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 <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION						
Component 08500000	Part Name(s) ELECTRICAL SYSTEM:IGNITION		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 Failures 6	Date(s) of Failure(s) 23-NOV-1999 Mileage at Failure(s) 20000 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 Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
<p>VEHICLE EXPERIENCED PROBLEM WITH STALLING INTERMITTENTLY. VEHICLE BEEN IN/OUT OF DEALER SHOP ON SIX OCCASIONS WITHIN THIRTEEN MONTHS, AND REPLACED FUEL PUMP ON THREE OCCASIONS, BUT PROBLEM IS STILL REOCCURRING. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK</p>						
CONTINUE ON BACK IF NEEDED						
<p>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.</p>						

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OWNER INFORMATION (Type or Print)		Date Received	08-JAN-2001
[REDACTED] 665427		Reference No.	877691
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Work Number	[REDACTED]
Signature of Owner _____		Home Number	[REDACTED]
Date 02/02/2001		DEFECT INVESTIGATION	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1G3WS62K4WF368767	OLDSMOBILE	INTRIGUE	1998
Current Odometer Reading	Purchase Date		Engine Size (CID/CCIL)
21,171	NEW 3/21/1998		3.8L
Dealer's Name		Engine Type	No. of Cylinders
CURRENT MODERN CLASSIC MOTORS		Gas	6
City/HILTON HEAD IS. State S.C. Zip Code 29928		Fuel Injection	
Transmission Type		Antilock Brakes	Restraint System
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cruise Control	Drive Train	Vehicle Type	Body Style
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" 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	Part Name(s)	Location	Failed Part(s)
08500000	ELECTRICAL SYSTEM:IGNITION FUEL PUMPS (4) PLUS ORIGINAL	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
7	23-NOV-1999 (*SEE REVERSE) Mileage at Failure(s) 12299 Vehicle Speed at Failure(s) 30-35 AT STALL-OUTS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
Estimated Property Damage	Reported to Police		
0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE EXPERIENCED PROBLEM WITH STALLING INTERMITTENTLY. VEHICLE BEEN IN/OUT OF DEALER SHOP ON SIX OCCASIONS WITHIN THIRTEEN MONTHS, AND REPLACED FUEL PUMP ON 4 THREE OCCASIONS, BUT PROBLEM IS STILL REOCCURRING. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK AFTER CALLING YOUR OFFICE, THE CAR WOULDN'T START AGAIN ON 1/17/01 AND HAD TO BE TOWED IN AGAIN FOR THE 3RD TIME SINCE DEC. 11 2000. THE TWO STALL-OUTS, BY THE WAY, HAPPENED WHILE			
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.			

STILL UNDER WARRANTY

