



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 241**

Date Received

10-JUL-2001

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

Reference No.

892321

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		
1G38N53L7PH309130	OLDSMOBILE	88	1993			
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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	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"/> 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 08136000	Part Name(s) FUEL:FUEL PUMP	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	Date(s) of Failure(s) 07-JUL-2001 57000 Mileage 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
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**FUEL PUMP MODULAR WAS RUSTED AND LEAKING FUEL; DEALER WAS NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*AK**

CONTINUE 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.

Defect

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline <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> 241	
	Date Received: <b>01 AUG - 9 AM</b> <b>10-JUL-2001</b> OFFICE DEFECTS INVESTIGATION		Reference No. <b>852321</b>	
OWNER INFORMATION (Type or Print)			Work Number _____ Home _____	

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, your name and address to the vehicle manufacturer.  
 Signature of Owner: \_\_\_\_\_ Date: **8/2/01**

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>1G38N53L7PH309130</b>					Vehicle Make <b>OLDSMOBILE</b>		Vehicle Model <b>88</b>		Vehicle Year <b>1993</b>		Current Odometer Reading <b>57,860</b>						
Purchase Date _____		Dealer's Name <b>PRIVATE PARTY</b>				Engine Size (CID/CC/L) <b>6 CYL</b>		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection									
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		City _____ State _____ Zip Code _____		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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag		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"/> Sport Utl <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Motorcycle <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 <b>06136000</b>		Part Name(s) <b>FUEL:FUEL PUMP</b>		Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures _____		Date(s) of Failure(s) <b>07-JUL-2001</b> Mileage at Failure(s) <b>57000 + 57,698</b> Vehicle Speed at Failure(s) _____		Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input 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)**

**FUEL PUMP MODULAR WAS RUSTED AND LEAKING FUEL; DEALER WAS NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*AK**

**THIS PART SHOULD NOT RUST IT PUMPS GASOLINE TO ENGINE WHEN PART LEAKS I FEEL I'M RIDING ON A BOMB THERE IS A HOT MUFFLER BACK THERE. THIS IS A SAFETY PROBLEM EVEN A HOT SPARK FROM ANOTHER (OVER)**

CONTINUE ON BACK IF NEEDED

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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  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

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

James Reynolds  
73 Hill St.  
Natick, PA 18634-1417

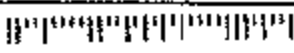


U.S. G.P.O. 1962-623-877/60008

CAR COULD SET IT ON FIRE! IT COULD ALSO  
EXPLODE

*Thank you  
James Reynolds 8-2-01*

PS, I FEELT SHOULD NOT BE CHARGED FOR THIS!  
GM SHOULD ~~REIMBURSE~~ PAY FOR THIS IT'S A  
SAFETY PROBLEM. IT'S NOT A MONEY ISSUE ITS  
SAFETY FOR EVERYONE THAT HAS THIS PART IN  
THEIR CAR OR TRUCK



Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON THE FAILURE(S) (IF APPLICABLE)

THE IDENTIFICATION NO.	MANUFACTURER/TIRE NAME	SIZE
01		

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 1 through Page 3)

