



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 117

Date Received

12-JUL-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

892597

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) (Locate at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3AG5548R6341813	OLDSMOBILE	CUTLASS	1994	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08130000	Part Name(s) FUEL:FUEL LINES FITTINGS AND PUMP	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
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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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING SMELLED FUMES INSIDE VEHICLE. TOOK VEHICLE TO MECHANIC, AND WAS INFORMED THAT FUEL LINE WAS LEAKING FUEL, AND DRIPPING IT ONTO EXHAUST PIPE AND MUFFLER. IT COULD HAVE CAUGHT FIRE. FUEL LINE HAD RUSTED THROUGH MATERIALS USED ON FUEL LINES.*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.

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 1-7

Date Received

01 AUG 13 AM 11
12-JUL-2001OFFICE
DEFECTS INVESTIGATIONOd_or _____
It_dt _____
Od_r _____
up_ltr _____

Reference No.

892597

Work Number

Home Number

OWNER INFORMATION (Type or Print)

686838

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.☐ YES☐ NO

Signature of Owner

Date

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of
windshield or driver's side)

1G3AG5548R6341813

Vehicle Make

OLDSMOBILE

Vehicle Model

CUTLASS

Vehicle Year

1994

Current Odometer Reading

Purchase Date

1994

Dealer's Name

Weil Olds

Engine Size
(CID/CC/L)

No Cylinders

☐ Turbo
☐ Diesel
☒ Gas
☒ Fuel Injection☒ New

City

Liberty

State

FL

Zip Code

Transmission Type

☐ Manual☒ Automatic

Antilock Brakes

☒ Yes

Restraint System

☒ 3-Point Belt☐ Motorbelt☒ Driverside Airbag☐ 2-Point Belt☐ Passengerside Airbag

Cruise Control

☐ Yes☒ No

Drive Train

☒ Front☐ Rear☐ 4-Wheel

Vehicle Type

☒ Car☐ Van☐ Minivan☐ Other☐ Sport Utl☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☒ 4-Door☐ Stationwagon☐ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

08130000

Part Name(s)

FUEL:FUEL LINES FITTINGS AND PUMP

Location

☐ Left☐ Right☐ Front☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No of Failures

Date(s) of Failure(s)

7-02-01

Mileage at Failure(s)

100

Vehicle Speed at Failure(s)

Failed Part(s)

Available?

☒ Yes☐ No

NHTSA Previously

Contacted?

☐ 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

Number of Fatalities

Estimated Property Damage

Reported to Police

☐ Yes☒ No

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

WHILE DRIVING SMELLED FUMES INSIDE VEHICLE, TOOK VEHICLE TO MECHANIC, AND WAS INFORMED THAT FUEL LINE WAS LEAKING FUEL, AND DRIPPING IT ONTO EXHAUST PIPE AND MUFFLER. IT COULD HAVE CAUGHT FIRE. FUEL LINE HAD RUSTED THROUGH MATERIALS USED ON FUEL LINES.*AK

The mechanic states he has had several vehicles in for the same problem. The gas line rusted through because of poor design and an untreated metal gas line.

CONTINUE ON BACK IF NEEDED

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