



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

NOV - 6 2003

400 Seventh Street, S.W.
Washington, D.C. 20590

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Lyndon R. Lie, Director
Product Investigations
General Motors Corporation
Mail Code 480-106-304
30500 Mound Road
Warren, MI 48090-9055

NVS-213cla
PE03-050

Dear Lie:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened a Preliminary Evaluation (PE03-050) to investigate allegations of fuel rail assembly leakage in model year (MY) 1995 through 1997 Cadillac Deville, Seville, and Eldorado vehicles equipped with Northstar 4.6L V8 engines and Oldsmobile Aurora vehicles equipped with 4.0L V8 engines, and to request certain information.

This office has received 69 reports alleging underhood fuel leakage in MY 1995 through 1997 Cadillac Deville, Seville, and Eldorado and Oldsmobile Aurora vehicles, including 6 that resulted in an engine compartment fire. Approximately two-thirds of the complaints specifically identify the fuel rail or fuel injector assembly as the source of the leakage. Copies of each report are enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject vehicles:** all MY 1995-1997 Cadillac Deville, Seville and Eldorado, Oldsmobile Aurora, and other vehicles manufactured for sale or lease in the United States with the subject fuel rail assemblies.
- **Subject components:** all fuel rail assemblies used in MY 1995 through 1997 Deville, Seville, Eldorado, and Aurora vehicles as original equipment or service parts.
- **GM:** General Motors Corporation, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all



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1-888-DASH-2-DOT

of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of GM (including all business units and persons previously referred to), who are or, in or after January 1, 1994, were involved in any way with any of the following related to the alleged defect in the subject vehicles:

- a. Design, engineering, analysis, modification or production (e.g. quality control);
- b. Testing, assessment or evaluation;
- c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
- d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.

- **Alleged defect:** fuel rail assembly leakage.
- **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by GM, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available,

"document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by GM or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as GM has previously provided a document to ODI, GM may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After GM response to each request, identify the source of the information and indicate the last date the information was gathered.

1. State, by model and model year, the number of vehicles GM has manufactured for sale or lease in the United States equipped with the subject fuel rail assemblies. Separately, for each subject vehicle manufactured to date by GM, state the following:
 - a. Vehicle identification number (VIN);
 - b. Make;
 - c. Model;
 - d. Model Year;
 - e. Date of manufacture;
 - f. Date warranty coverage commenced; and
 - g. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Provide the table in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

2. State the number of each of the following, received by GM, or of which GM is otherwise aware, which relate to, or may relate to, the alleged defect in the vehicles identified in response to Request No. 1:
 - a. Consumer complaints, including those from fleet operators;
 - b. Field reports, including dealer field reports;
 - c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
 - d. Reports involving a fire, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
 - e. Property damage claims; and
 - f. Third-party arbitration proceedings where GM is or was a party to the arbitration; and
 - g. Lawsuits, both pending and closed, in which GM is or was a defendant or codefendant.

For subparts "a" through "d, / e," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "d/e/f/g," provide a summary description of the alleged problem and causal and contributing factors and GM's assessment of the problem, with a summary of the significant underlying facts and evidence. For items f and g, identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
 - a. GM's file number or other identifier used;
 - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
 - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
 - d. Vehicle's VIN;
 - e. Vehicle's make, model and model year;
 - f. Vehicle's mileage at time of incident;
 - g. Incident date;
 - h. Report or claim date;
 - i. Whether a crash is alleged;
 - j. Whether a fire is alleged;
 - k. Whether property damage is alleged;
 - l. Number of alleged injuries, if any; and
 - m. Number of alleged fatalities, if any.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER TWO DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method GM used for organizing the documents.
5. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by GM to date that relate to, or may relate to, the alleged defect in the vehicles identified in response to Request No. 1: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. GM's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Replacement part number(s) and description(s);
- j. Concern stated by customer; and
- k. Comment, if any, by dealer/technician relating to claim and/or repair.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

6. Describe in detail the search criteria used by GM to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by GM on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) that GM offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.
7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that GM has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to,

bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that GM is planning to issue within the next 120 days.

8. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for, GM. For each such action, provide the following information:
 - a. Action title or identifier;
 - b. The actual or planned start date;
 - c. The actual or expected end date;
 - d. Brief summary of the subject and objective of the action;
 - e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and
 - f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

9. Describe all modifications or changes made by, or on behalf of, GM in the design, material composition, manufacture, quality control, supply, or installation of the subject components, from the start of production to date, which relate to, or may relate to, the alleged defect in the subject vehicles. For each such modification or change, provide the following information:
 - a. The date or approximate date on which the modification or change was incorporated into vehicle production;
 - b. A detailed description of the modification or change;
 - c. The reason(s) for the modification or change;
 - d. The part numbers (service and engineering) of the original component;
 - e. The part number (service and engineering) of the modified component;
 - f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
 - g. When the modified component was made available as a service component; and
 - h. Whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that GM is aware of which may be incorporated into vehicle production within the next 120 days.

10. Provide the following information relating to the subject fuel rail assemblies:
 - a. Identify the material composition of each polymer used in the assembly by common name, trade name, and ASTM abbreviation;
 - b. State the heat resistance and fuel resistance capabilities of each polymer identified in 10.a;

- c. State the maximum temperature that each polymer identified in 10.a is exposed to in each of the subject vehicles during: (1) severe driving cycles (state conditions); and (2) hot soak;
 - d. Provide copies of all hot soak temperature vs. time plots that have been done by or for GM in the subject vehicles;
 - e. Provide copies of the GM specifications for the fuel resistance, heat resistance, and durability of the subject fuel rail assemblies; and
 - f. Provide a table listing all other motor vehicles produced by GM with fuel rail assemblies constructed from the same polymer material used in the subject assemblies. Provide this information by model, engine, and model year range.
11. Produce one of each of the following:
- a. Exemplar samples of each design version of the subject fuel rail assemblies;
 - b. Field return samples of the subject fuel rail assemblies that exhibit leakage that is representative of the failures reported in the attached complaints;
 - c. Any kits that have been released, or developed, by GM for use in service repairs to the subject component/assembly which relate, or may relate, to the alleged defect in the subject vehicles.
12. State the number of each of the following that GM has sold that may be used in the subject vehicles by component name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of sale:
- a. Subject assemblies; and
 - b. Any kits that have been released, or developed, by GM for use in service repairs to the subject component/assembly.

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number) Also identify by make, model and model year, any other vehicles of which GM is aware that contain the identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

13. Furnish GM's assessment of the alleged defect in the subject vehicles, including:
- a. The causal or contributory factor(s);
 - b. The failure mechanism(s);
 - c. The failure mode;
 - d. The failure rate as a function of vehicle age (months in service and or mileage) and GM's estimate of total failures per thousand vehicles at: (1) five years in service; and (2) ten years in service; and
 - e. The reports included with this inquiry.

This letter is being sent to GM pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. GM's failure to respond promptly and fully to this letter could subject GM to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163.

(Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If GM cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, GM does not submit one or more requested documents or items of information in response to this information request, GM must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

GM's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by January 8, 2004. Please refer to PE03-050 in GM's response to this letter. If GM finds that it is unable to provide all of the information requested within the time allotted, GM must request an extension from me at (202) 366-5207 no later than five business days before the response due date. If GM is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information GM then has available, even if an extension has been granted.

If GM claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, GM must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, as amended (68 Fed. Reg. 44209 et seq; July 28, 2003), to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. GM is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Chris Lash of my staff at (202) 366-2370.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffery L. Quandt". The signature is fluid and cursive, with a large initial "J" and "Q".

Jeffery L. Quandt, Chief
Vehicle Control Division
Office of Defects Investigation

Enclosure 1: One CD ROM titled Data Collection Disc containing three files
Enclosure 2, containing VOQ complaints,



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received: 15-MAY-2003
Repository:
Reference No.: 10019961

OWNER INFORMATION (Type or Print)

Name: _____
Address: _____
City: MILWAUKEE State: WI Zip Code: _____

Daytime Telephone Number: _____ E-mail Address: _____
Evening Telephone Number: _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G3GR62C4S4113637
Make: OLDSMOBILE Model: AURORA Model Year: 1995
Date Purchased: _____ Dealer's Name and Telephone Number: _____ Engine: _____ Fuel Type: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____ No. of Cylinders: _____
Transmission Type: _____ Antilock Brakes Powertrain: _____ Vehicle Component Code: 060000 ENGINE AND ENGINE COOLING
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 15-MAY-2003 Failure Mileage: 148000 Failure Speed: 10

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make: _____ Tire Model (Name or Number): _____ The Size (Example P215/65R15): _____
DOT No. (Example: DOTM19ABC035): _____ Original Equipment Prior Repair Failure Location: _____
The Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)


Crash: Yes No Fire: Yes No Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: Y


Narrative Description of Incident(s), Crash(es), and Injury(es).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING THE VEHICLE 10 MPH, SMELLED GAS ODOR, THEN IT SUDDENLY CAUGHT ON FIRE UNDER THE HOOD ON THE DRIVER SIDE CLOSE TO THE FIREWALL. THE VEHICLE WAS TOTALED.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974—Public Law 93-502 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 Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline			FOR AGENCY USE ONLY 1058	
	Date Received 17-OCT-2002		Repository <input type="checkbox"/> Reference No. 567885		
OWNER INFORMATION (Type or Print)					Daytime Telephone Number
Name XXXXXXXXXX					
Address XXXXXXXXXX					E-mail Address
City HONOLULU		State HI	Zip Code XXXXXX		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____ Date _____					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GADG2214S4740D64			Make BUICK	Model RIVIERA	Model Year 1995
Date Purchased 01-JUN-95	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE		Vehicle Component Code 072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, .	
Multiple Failure: 1					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s)	Failure Mileage	Failure Speed			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM4LSABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
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 Deaths	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).					
AFTER SMELLING RAW GAS FOR SEVERAL DAYS WITH OUT FINDING A LEAK, CONSUMER TOOK VEHICLE IN FOR INSPECTION. THERE, THEY FOUND THAT THE MAIN FUEL FEED LINE HAD CRACKED AND WAS SPRAYING GASOLINE TO THE UNDERSIDE OF THE HOOD. *JG					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY					
The Privacy Act of 1974-Public Law 93-502 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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>			<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET www.nhtsa.dot.gov/hotline</p>			<p>FOR AGENCY USE ONLY 254</p>			
			<p>Date Received</p> <p>30-DEC-2002</p>		<p>Repository <input type="checkbox"/></p>		<p>Reference No.</p> <p>568331</p>		
<p>OWNER INFORMATION (Type or Print)</p>						<p>Daytime Telephone Number</p> <p>Evening Telephone Number</p>		<p>E-mail Address</p>	
<p>Name</p>		<p>Address</p>		<p>City</p> <p>GLEWIEW</p>		<p>State</p> <p>IL</p>		<p>Zip Code</p>	
<p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date <u>1/1</u></p>									
<p>VEHICLE INFORMATION</p>									
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side</p>				<p>Make</p> <p>OLDSMOBILE</p>		<p>Model</p> <p>AURORA</p>		<p>Model Year</p> <p>1995</p>	
<p>Date Purchased</p>		<p>Dealer's Name and Telephone Number</p>				<p>Engine:</p> <p>No: Cylinders 8</p>		<p>Fuel Type:</p>	
<p>Original Owner</p> <p><input type="checkbox"/></p>		<p>Dealer's City</p>		<p>State</p>		<p>Zip Code</p>			
<p>Transmission Type</p>		<p><input type="checkbox"/> Antilock Brakes</p> <p><input type="checkbox"/> Cruise Control</p>		<p>Powertrain</p>		<p>Vehicle Component Code</p> <p>073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA</p> <p>Multiple Failure: 1</p>			
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>									
<p>Incident Date(s)</p> <p>01-OCT-2002</p>		<p>Failure Mileage</p>		<p>Failure Speed</p>					
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>									
<p>Tire Make</p>			<p>Tire Model (Name or Number)</p>			<p>Tire Size (Example P215/65R15)</p>			
<p>DOT No. (Example: DQTHM19ABC036)</p>			<p><input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair</p>		<p>Failure Location:</p>				
<p>Tire Component Code</p>					<p>Tire Failure Type</p>				
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>									
<p>Make:</p>			<p>Date Manufactured:</p>			<p>Model No./Name:</p>			
<p>Seat Type:</p>			<p>Installation System:</p>						
<p>Child Seat Component Code:</p>			<p>Failed Part:</p>						
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>									
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Number of Persons Injured</p>		<p>Number of Deaths</p>		<p>Reported to Police</p> <p>N</p>	
<p>Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).</p>									
<p>THE PLASTIC FUEL INJECTOR RAIL LEAKED AT THE #1 AND #3 INJECTORS WHICH CAUSED FUEL TO SPRAY ONTO THE COIL WIRES AND RESULT IN A STRONG FUEL ODOR INSIDE THE VEHICLE, THE CONSUMER FEELS THE DESIGN IS POOR AND THE MATERIALS ARE WEAK. NLM</p>									
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p>									
<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>									



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Date Received 05-APR-2001	Repository <input type="checkbox"/>
	Reference No. 743552

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City TUCSON State AZ Zip Code _____

Daytime Telephone Number _____ E-mail Address _____
Evening Telephone Number _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G3GR52C7T4104688		Make OLDSMOBILE	Model AURORA	Model Year 1996
Date Purchased 01-OCT-95	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 072000 FUEL SYSTEM, GASOLINE:DELIVERY	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 14-JUL-2000	Failure Mileage	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION


(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

FUEL RETURN LINE: FOUL SMELL IN CAR, TOOK TO EMICH OLDS BUT FAILED TO CORRECT. RETURNED DUE TO CONTINUED SMELL, FINALLY DIAGNOSED AND REPAIRED LEAK. FUEL RAIL/FUEL REGULATOR: STRONG, SICKENING FUMES ENTERED CAR INTERIOR, THEN CAR LOST POWER AND BARELY MAINTAINED 20MPH ON WAY HOME. AFTER I PARKED IN MY DRIVEWAY, A LARGE QUANTITY OF GASOLINE LEAKED ONTO THE DRIVEWAY. I HAD TO CALL THE FIRE DEPARTMENT TO ASSESS SAFETY BEFORE TOWING CAR FOR REPAIR. AFTER REPAIR WAS MADE, STRONG GASOLINE FUMES REMAINED IN ENGINE COMPARTMENT AND CONTINUED SEEPING INTO CAR. EMICH WAS FINALLY ABLE TO APPLY A CLEANING TREATMENT TO REMOVE SMELL. CRANKCASE SEAL: REPAIR WAS DONE INCORRECTLY BY EMICH OLDS, HAD TO BE REPEATED. NOTE: THERE WERE A LARGE NUMBER OF OTHER MECHANICAL REPAIRS NEEDED ON THIS CAR, PARTICULARLY IN THE LAST YEAR, TOO MANY TO REPORT HERE. MANY REQUIRED MORE THAN ONE TRIP TO EMICH TO DIAGNOSE/REPAIR. THIS CAR IS A LEMON!!!!THIS CAR IS A LEMON!!!, HAD TO BE REPEATED A SECOND TIME BY EMICH OLDS. DRIVEWAY AT HOME, A LARGE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.
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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 258</p>	
		<p>Date Received 21-JUL-2002</p>	<p>Repository <input type="checkbox"/></p>	<p>Reference No. 764532</p>	
<p>OWNER INFORMATION (Type or Print)</p>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
SCOTTSDALE	AZ				
<p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date <u> / / </u></p>					
<p>VEHICLE INFORMATION</p>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G3GR62C3V4112676		Make OLDSMOBILE	Model AURORA	Model Year 1997	
Date Purchased 01-AUG-99	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type: Gas	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 072000 FUEL SYSTEM, GASOLINE:DELIVERY		
			Multiple Failure: 1		
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
Incident Date(s) 15-JUL-2002	Failure Mileage	Failure Speed 25			
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:			
Tire Component Code			Tire Failure Type		
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>					
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 Deaths	Reported to Police N	
<p>Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).</p>					
<p>THE PLASTIC CONNECTOR BETWEEN THE PLASTIC AND METAL FUEL LINE DISCONNECTED SUDDENLY AND SHOWERED GASOLINE OVER THE ENGINE AND STOPPED THE MOTOR. THIS COULD HAVE RESULTED IN A FIRE WHILE ON A BUSY STREET. THERE WAS NO EARLIER INDICATION OF A LEAK OR PROBLEM.*AK</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>			<p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>		
<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>					



U.S. Department
of Transportation
National Highway
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Date Received

27-AUG-2002

Repository Reference No.
766313**OWNER INFORMATION (Type or Print)**

Name

Address

City

HUBER HEIGHTS

State

OH

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 8/27/02

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G3GR62C7S4137480

Make

OLDSMOBILE

Model

AURORA

Model Year

1995

Date Purchased
01-MAY-00

Dealer's Name and Telephone Number

Engine:
No. CylindersFuel Type:
GasOriginal Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

073000 FUEL SYSTEM, GASOLINE; FUEL INJECTION SYSTEM

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
21-OCT-2001

Failure Mileage

Failure Speed
65**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

THE FUEL RAIL IS COMPOSED OF PLASTIC SECTIONS OF TUBING CONNECTING THE FUEL INJECTORS. THESE SECTIONS DEVELOP SPLITS ALLOWING FUEL TO SPRAY ALL OVER THE ENGINE. THIS HAS HAPPENED TWICE IN THE PAST YEAR. BOTH TIMES I REPLACED THE BAD SECTIONS WITH RUBBER HOSE AND CLAMPS. I BELIEVE THAT IF THIS PROBLEM IS NOT ADDRESSED EVERY ONE OF THESE CARS WILL DEVELOP THE PROBLEM AT SOME POINT IN TIME, POSSIBLY RESULTING IN CATASTROPHIC FIRES.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Date Received 03-SEP-2002	Repository <input type="checkbox"/>
	Reference No. 766651

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
SPARTANBURG	SC	[REDACTED]	

Daytime Telephone Number [REDACTED]	E-mail Address
Evening Telephone Number [REDACTED]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make OLDSMOBILE	Model AURORA	Model Year 1995
Date Purchased 01-NOV-98	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 073000 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-AUG-2002	Failure Mileage	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM15ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION


(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

FUEL RAIL LEAKS, OLDS DEALER CAN NOT GET PART FROM GMC. DEALER SAW 3 FAILURES LAST MONTH. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. **ATTACH ADDITIONAL SHEETS IF NECESSARY**
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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		FOR AGENCY USE ONLY 258	
		Date Received 18-OCT-2002	Repository <input type="checkbox"/>	Reference No. 768591	
OWNER INFORMATION (Type or Print)				Daytime Telephone Number	E-mail Address
Name				Evening Telephone Number	
Address					
City	State	Zip Code			
CHICAGO	IL				
<p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date ____/____/____</p>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G3GR52C1T4104699		Make OLDSMOBILE	Model AURORA	Model Year 1996	
Date Purchased 01-DEC-98	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type: Gas	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 073000 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM		
<input checked="" type="checkbox"/> Cruise Control			Multiple Failure: 2		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 13-OCT-2002	Failure Mileage	Failure Speed 30			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
The Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC035)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:			
The Component Code			Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(es). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).					
FUEL RAIL HOSES WHICH ARE MADE OF PLASTIC SPLIT CAUSING VEHICLE TO SPILL QUARTER TANK OF GAS ALL OVER ENGINE. DT					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p> <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>					



U.S. Department
of Transportation
National Highway
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 284

Date Received

15-APR-2001

Repository Reference No.
885974**OWNER INFORMATION (Type or Print)**

Name

Address

City

SCHERERVILLE

State IN

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G3GR62C8S4102088

Make

OLDSMOBILE

Model

AURORA

Model Year

1995

Date Purchased
01-APR-97

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC Antilock Brakes
 Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

114100 ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
22-MAR-2001Failure Mileage
80000Failure Speed
5**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC0361)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING VEHICLE CAUGHT ON FIRE UNDER HOOD. VEHICLE WAS TOTALLED. MANUFACTURER HAS BEEN NOTIFIED. FIRST, HEARD POP, THEN THE VEHICLE STALLED. THEN THE DRIVER RESTARTED THE VEHICLE AND DROVE IT IN REVERSE GEAR THERE WAS AN EXPLOSION AND THE VEHICLE CAUGHT FIRE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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
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National Highway
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 758

Date Received

16-SEP-2002

Repository Reference No.
8018721**OWNER INFORMATION (Type or Print)**

Name

Address

City

HAZELCREST

State IL

Zip Code 60429

Daytime Telephone Number

E-mail Address

Evening Telephone Number
~~888-888-8888~~

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date / / **VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G3GR62CZV4119845

Make

OLDSMOBILE

Model

AURORA

Model Year

1997

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

073000 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

09-SEP-2002

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15A9C036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER SMELLED FUEL, THEN, NOTICED A PUDDLE UNDERNEATH VEHICLE. DEALER DETERMINED THAT FUEL RAIL WAS CRACKED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
of Transportation

National Highway
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Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FDR AGENCY USE ONLY 1375

Date Received

20-SEP-2002

Repository

Reference No.
8D19139

OWNER INFORMATION (Type or Print)

Name

Address

City ELMHURST

State IL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 9 / 20 / 02

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G3GR62C1T4119977

Make

OLDSMOBILE

Model

AURORA

Model Year

1996

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

073000 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM

Multiple Failure: -

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
18-SEP-2002

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTNALSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).


Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).


WHILE DRIVING VEHICLE RAN OUT OF GAS WITHOUT WARNING. PULLED OVER, AND DISCOVERED THAT FUEL RAIL HAD SPewed GAS ALL OVER ENGINE.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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 Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 254	
		Date Received 27-SEP-2002	Repository <input type="checkbox"/>	Reference No. 8019686	
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City VALLEY STREAM		State NY	Zip Code		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner: _____ Date: 9/27/02					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G3GR62C6SVL12134		Make OLDSMOBILE	Model AURORA	Model Year 1995	
Date Purchased 01-OCT-01	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, ...		
	<input checked="" type="checkbox"/> Cruise Control		Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 17-SEP-2002	Failure Mileage	Failure Speed			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
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 Deaths	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).					
THE CONSUMER STATES THAT THE PLASTIC TUBE BETWEEN EACH FUEL INJECTOR LINE, AND IS LEAKING FUEL ONTO THE ENGINE. THE DEALER WAS NOTIFIED. *NR THE CONSUMER STATED THERE IS NO FUEL RAIL BUT A PLASTIC TUBE BETWEEN EACH FUEL INJECTOR, INSPECTION REVEALED A PRIOR LEAKAGE IN THIS AREA WHICH APPEARED TO HAVE BEEN PATCHED, THE CONSUMER BELIEVES THIS IS A DESIGN FLAW. *SCC					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY					
<small>The Privacy Act of 1976-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.</small>					

 <p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		FOR AGENCY USE ONLY 100148	
		Date Received 02-JAN-2003	Repository <input type="checkbox"/> Reference No. 10000686
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City COLUMBUS	State OH	Zip Code	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date ____/____/____			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make OLDSMOBILE	Model AURORA
		Model Year 1995	
Date Purchased 07-SEP-97	Dealer's Name and Telephone Number KEY OLDSMOBILE 614-864-7500		Engine: No: Cylinders 8
Fuel Type: Gas	Original Owner <input type="checkbox"/>	Dealer's City COLUMBUS	State OH
Zip Code 43085	Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE
Vehicle Component Code 073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA			
Multiple Failure: 0			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 01-NOV-2001	Failure Mileage 88000	Failure Speed 0	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code		Tire Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0
Reported to Police Y			
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).			
THE 1995 OLDSMOBILE AURORA WAS PARKED. AFTER RESTARTED THE VEHICLE, HAD BACKFIRED AND THE STORE OWNER TOLD HER THAT THE VEHICLE CAUGHT ON FIRE FROM UNDERNEATH. THE VEHICLE WAS TOTALED.			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
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 Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DA5H-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

30-MAR-2003

Repository Reference No.
10013675**OWNER INFORMATION (Type or Print)**

Name

Address

City

O'FALLON

State MO

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 3/30/03

VEHICLE INFORMATION17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G3GR62C9S4107249Make
OLDSMOBILEModel
AURORAModel Year
1995Date Purchased
07-APR-98

Dealer's Name and Telephone Number

Engine:
No: Cylinders 6Fuel Type:
GasOriginal Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
FRONT WHEEL DRIVEVehicle Component Code
073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
21-MAR-2003Failure Mileage
112220Failure Speed
0**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION*(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)*

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).


Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).


HEAT SHRINK FUEL INJECTION LINE BETWEEN #6-#8 INJECTORS DEVELOPED A HOLE AND SPRAYING FUEL ONTO INTAKE AND IGNITION WIRING. THE CAR SMELLED OF GAS INSIDE AND THE MOTOR WAS HARD TO START AND BACKFIRES SOME. IVE DONE A TEMPORARY REPAIR AND HAVE NOT BOUGHT ALL NEW RAIL TUBING. THIS SHOULD NOT BE HAPPENING AT THIS POINT. IT IS TOO COSTLY FOR OWNERS TO REPAIR FOR SUCH A SMALL PROBLEM.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

 <p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET www.nhtsa.dot.gov/hotline</p>		FOR AGENCY USE ONLY 100161	
		Date Received 08-MAY-2003	Repository <input type="checkbox"/> Reference No. 10019514
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City NAPLES	State FL	Zip Code	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date ____/____/____			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G3GR62C454137503		Make OLDSMOBILE	Model AURORA
Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 070000 FUEL SYSTEM, GASOLINE
			Multiple Failure: 1
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s)	Failure Mileage 97000	Failure Speed	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make:	Tire Model (Name or Number)	Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM4LSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code:	Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)			
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 Deaths
		Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).			
THE VEHICLE WAS TAKEN TO THE DEALER BECAUSE FUEL LEAKED ON TOP OF THE ENGINE. *JB			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.			
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 Vehicle Owner's Questionnaire (VOQ) NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 158	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 31-JUL-2000	Od_o_r _____ r_t_k _____ od_ut _____ up_lr _____
OWNER INFORMATION (Type or Print)		Reference No. 866288	
623722		Work Number na	
DAYTON OH		Home Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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>(located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
PLEASE FILL IN	OLDSMOBILE	AURORA	1998
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	Anti-lock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<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
			<input type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
			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 09131900	Part Name(s) FUEL:FUEL LINES:METALIC	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 10-OCT-1999	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 85	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		
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		
		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 RETURN HAD A HOLE WHICH CAUSED A GASOLINE LEAK TO SPRAY ONTO ENGINE BAY WHICH MAY HAVE CAUSES A FIRE. THEN, A FUEL LINE CRACKED, CAUSING THE GASOLINE TO SPRAY ONTO ENGINE THEN TO THE FLOOR WHICH MAY HAVE CAUSED A FIRE. PLEASE PROVIDE FURTHER INFORMATION. *AK			
<small>CONTINUE ON BACK IF NEEDED</small>			
<small>The Privacy Act of 1974-Public Law 93-578 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.</small>			



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received: 07-JUN-2003
Repository:
Reference No.: 10021230

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: TROY State: MI Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address:
Evening Telephone Number:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 6/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G3GR62C1S4139757
Make: OLDSMOBILE Model: AURORA Model Year: 1995
Date Purchased: 03-FEB-03 Dealer's Name and Telephone Number: _____ Engine: No: Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: UNKNOWN
Vehicle Component Code: 072200 FUEL SYSTEM, GASOLINE: DELIVERY: HOSES, LINES/PIPING, ...
Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 10-MAY-2003 Failure Mileage: 76000 Failure Speed: 0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTMALSABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

FUEL LEAK IN THE FUEL LINE. WHILE AT AN OIL CHANGE SHOP THE OWNER ASKED ME TO LOOK UNDER THE HOOD. HE SHOWED ME GAS SHOOTING THE FUEL LINE. I WAS LUCKY, IT COULD HAVE HAPPENED LATER AS I WAS DRIVING AND CAUSED A FIRE AND/OR BLEW UP. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received: 12-JUN-2003
Repository:
Reference No.: 10021485

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: [Redacted] State: CA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G6KD52Y9TU296066
Make: CADILLAC Model: DEVILLE Model Year: 1996
Date Purchased: 24-AUG-96 Dealer's Name and Telephone Number: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Engine: No. Cylinders: 8 Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 0722D0 FUEL SYSTEM, GASOLINE; DELIVERY; HOSES, LINES/PIPING, ...
Multiple Failure: 1

FAILED COMPONENT(S) /PART(S) INFORMATION

Incident Date(s): 29-MAY-2003 Failure Mileage: 79000 Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTM1A9ABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: N


Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).


INJECTOR (PLASTIC) GAS LINES WERE SPRAYING VAPORIZED GAS OVER THE ENGINE. WHY THIS DIDN'T IGNITE IS BEYOND BELIEF! OUR CERTIFIED CADILLAC MECHANIC SAID THAT MOST CARS HAVE METAL GAS LINES NOT PLASTIC. THE PLASTIC HOSES ARE MOLDED INTO THE FUEL INJECTION SYSTEM SO WHEN THEY CRACK WITH AGE, THEY HAVE TO REPLACE THE WHOLE SYSTEM NOT JUST THE PLASTIC LINES. HOW WOULD ANYONE KNOW THAT THIS IS A PROBLEM - ONLY BECAUSE THE FUMES BECAME MORE INTENSE DID I TAKE IT IN. I HAD BEEN DRIVING THE CAR WITH PASSENGERS FOR THREE WEEKS PRIOR AND THE CAR COULD CATCH ON FIRE AND POSSIBLY EXPLODED. IT HAS APPROXIMATELY 79,000 MILES ON THE ODOMETER. *JB


Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
		Date Received 12-JUN-2003	Repository <input type="checkbox"/>	Reference No. 10021487	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	E-mail Address
City CLOVIS		State CA	Zip Code	Evening Telephone Number	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date: / /					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number located at bottom of windshield on driver's side 1G6EL12Y0TU617680		Make CADILLAC	Model ELDORADO	Model Year 1996	
Date Purchased 07-JUL-98	Dealer's Name and Telephone Number VINTAGE BUICK-PONT-CAD-GMC 559-268-5555		Engine: No: Cylinders 8	Fuel Type: Gas	
Original Owner <input checked="" type="checkbox"/>	Dealer's City MADERA	State CA	Zip Code 93638		
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 110000 ELECTRICAL SYSTEM		
			Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 21-MAY-2003	Failure Mileage 77848	Failure Speed 3			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM4L9ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police	
		0	0	Y	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
AFTER SITTING IN A PARKING LOT WHILE I WENT INTO THE BANK FOR 15-20 MIN. I GOT INTO MY CAR AND STARTED THE ENGINE. I HEARD A "POP", PULLED FORWARD ABOUT 10 TO 15 FEET WHEN I STARTED TO SMELL SOMETHING BURNING. I LOOKED DOWN AT THE GAUGES AND EVERYTHING LOOKED OFF. WHEN I LOOKED BACK UP I SAW BLACK SMOKE COMING OUT FROM UNDER THE HOOD. I PUT THE CAR IN PARK AND TURNED OFF THE ENGINE. I THEN TURNED TO MY DAUGHTER AND TOLD HER TO GET OUT OF THE CAR AND GET AWAY FROM IT. BY THAT TIME FLAMES WERE COMING OUT FROM UNDER THE HOOD. WE BOTH GOT OUT OF THE CAR AND CALLED 911. BY THE TIME THE FIRE DEPARTMENT ARRIVED THE FIRE HAD GOTTEN IN SIDE THE CAR AND CRACKED ALL THE WINDOWS. THE FIREMAN SMASHED THE DRIVERS SIDE WINDOW TO GET TO THE HOOD RELEASE BUT THE CABLE HAD ALREADY BEEN BURNED AND THE RELEASE DID NOT WORK. THE FIRE DEPARTMENT HAD TO PRY THE HOOD OF THE CAR OFF. BY THIS TIME THE CAR WAS IN FLAMES FROM THE DOORS FORWARD. THE CAR IS NOW A TOTAL LOSS. MY HUSBAND SUSPECT A FUEL SUPPLY LINE HAD DISCONNECTED. *JB					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.					

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
	Date Received 16-JUL-2003		Repository <input type="checkbox"/> Reference No. 10028364	
OWNER INFORMATION (Type or Print)				
Name			Daytime Telephone Number	
Address			E-mail Address	
City NAPEVILLE	State IL	Zip Code	Evening Telephone Number	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.				
Signature of Owner _____			Date: / /	
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G3GR82C1T4119784		Make OLDSMOBILE	Model AURORA	Model Year 1996
Date Purchased 26-FEB-98	Dealer's Name and Telephone Number		Engine: No: Cylinders 8	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 072200 FUEL SYSTEM, GASOLINE-DELIVERY:HOSES, LINES/PIPING, . Multiple Failure: 1	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s) 12-JUL-2003	Failure Mileage 136000	Failure Speed 65		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE				
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM1SABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE				
Make:	Date Manufactured:	Model No./Name:		
Seat Type:	Installation System:			
Child Seat Component Code:	Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es).)				
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
Narrative Description of Incident(s), Crash(es), and Injury(es). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; (e.g. parts repaired or replaced (and if old part is available)).				
THE FUEL LINE SPLIT (CRACKED) BETWEEN THE #5 AND #7 FUEL INJECTOR / SPRAYING OVER 1/4 TANK OVER FUEL ON TO THE TOP OF THE ENGINE IN ONLY A FEW MILES OF DRIVING. *AK				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY				
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 Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100083	
	Date Received 21-JUL-2003		Repository <input type="checkbox"/> Reference No. 10029763	
OWNER INFORMATION (Type or Print)			Daytime Telephone Number	
Name			E-mail Address	
Address			Evening Telephone Number	
City	State	Zip Code		
PORTLAND	OR			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date ____/____/____				
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year
		CADILLAC	SEVILLE	1997
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
04-JUN-00			No. Cylinders	Gas
Original Owner	Dealer's City	State	Zip Code	
<input checked="" type="checkbox"/>				
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code	
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control		073200 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:INJECT	
			Multiple Failure: 1	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s)	Failure Mileage	Failure Speed		
	83000			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE				
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM1SABC036)	<input type="checkbox"/> Original Equipment	Failure Location:		
	<input type="checkbox"/> Prior Repair			
Tire Component Code			Tire Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE				
Make:	Date Manufactured:	Model No./Name:		
Seat Type:	Installation System:			
Child Seat Component Code:	Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)				
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 Deaths	Reported to Police N
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).				
CONSUMER CALLED COMPLAINING ABOUT FUEL INJECTION SYSTEM, INJECTORS. INJECTORS WERE MADE OUT OF PLASTIC, GAS WAS LEAKING THROUGH THEM, AND WAS FALLING RIGHT ON TOP OF THE ENGINE. MANUFACTURER WAS CONTACTED, AND STATED THAT CONSUMER SHOULD PURCHASE THE EXTRA WARRANTY ON THE VEHICLE. BUT THE WARRANTY WILL ONLY COVER THE INJECTORS MADE OUT OF METAL AND NOT PLASTIC. *AK				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY	
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U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received: 02-AUG-2003
Repository:
Reference No.: 10030649

OWNER INFORMATION (Type or Print)

Name: _____
Address: _____
City: HOFFMAN ESTATES State: IL Zip Code: _____

Daytime Telephone Number: _____ E-mail Address: _____
Evening Telephone Number: _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: _____
Make: OLDSMOBILE Model: AURORA Model Year: 1997
Date Purchased: 05-AUG-00 Dealer's Name and Telephone Number: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Engine: No: Cylinders: 6 Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-AUG-2003
Failure Mileage: 71033
Failure Speed: 30

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

FUEL RAIL BURST WHILE DRIVING. FUEL SPILLED ALL OVER THE ENGINE. STRONG GAS ODOR SMELL. APPEARS TO BE POTENTIAL FIRE/EXPLOSION HAZARD. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

06-SEP-2003

Repository Reference No.
10037340**OWNER INFORMATION (Type or Print)**

Name

Daytime Telephone Number

E-mail Address

Address

City PANAMA CITY BEACH

State FL

Zip Code

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 9/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G3GR62C8V4100491

Make

OLDSMOBILE

Model

AURORA

Model Year

1997

Date Purchased
14-FEB-02

Dealer's Name and Telephone Number

Engine:

No: Cylinders 8

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC Antilock Brakes
 Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

073180 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
08-AUG-2003Failure Mileage
100000Failure Speed
40**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).


Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

FUEL RAIL LEAKING FUEL IN CLOSE PROXIMITY TO PLUG WIRES. I HAVE NOTICED A HIGH NUMBER OF AURORA'S FOR SALE AS SALVAGE THAT HAVE SUFFERED ENGINE FIRES. IS THIS RELATED? AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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 <p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		FOR AGENCY USE ONLY 100148	
		Date Received 06-SEP-2003	Repository <input type="checkbox"/> Reference No. 10037355
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City BRADFORD	State OH	Zip Code	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date ____/____/____			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G3GR62C9V4111158		Make OLDSMOBILE	Model AURORA
Date Purchased 01-MAR-03		Dealer's Name and Telephone Number	
Original Owner <input type="checkbox"/>		State	Zip Code
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Engine: No. Cylinders 8
Vehicle Component Code 073200 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:INJECT		Fuel Type: Gas	
Multiple Failure: 1			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 05-SEP-2003	Failure Mileage 55	Failure Speed 55	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM1SABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code	Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0
Reported to Police N			
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).			
PLASTIC HOSES BETWEEN PRESSURIZED FUEL INJECTORS, CAN RUPTURE CAUSING POSSIBLE ENGINE FIRE/EXPLOSION HAZARD.*AK			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY			
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 Transportation
National Highway
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

10-SEP-2003

Repository Reference No.
10038654**OWNER INFORMATION (Type or Print)**

Name

Address

City VALRICO

State FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit vehicle identification number located at bottom of windshield on driver's side

1G6KD54Y5M242196

Make

CADILLAC

Model

DEVILLE

Model Year

1997

Date Purchased
01-DEC-98

Dealer's Name and Telephone Number

Engine:

No: Cylinders 8

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
10-SEP-1997Failure Mileage
102007

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM149ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

I SMELLED GAS FROM VEHICLE TOOK TO DEAL WHERE THEY FOUND A SMALL PIN-HOLE IN THE FUEL RAIL ASSEMBLY. VERY HAZARDOUS FUEL WAS LEAKING ON TO THE ENGINE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received: 20-SEP-2003
Repository:
Reference No.: 10039218

OWNER INFORMATION (Type or Print)

Name: ROBERT SAMPSELL
Address: 5768 PAULA BLVD
City: NORTH RIDGEVILLE State: OH Zip Code: [REDACTED]

Daytime Telephone Number: 4402353950
Evening Telephone Number: [REDACTED]
E-mail Address: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 9/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G3GR62C5S4124274
Make: OLDSMOBILE Model: AURORA Model Year: 1995
Date Purchased: 07-SEP-99 Dealer's Name and Telephone Number: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Engine: No. Cylinders: 6 Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 16-SEP-2003
Failure Mileage: 61960
Failure Speed: 10

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTM19ABC036): _____
 Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)


Crash: Yes No
Fire: Yes No
Number of Persons Injured: 0
Number of Deaths: 0
Reported to Police: Y


Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).


FUEL LINE AND FUEL RAIL FAILURE CAUSING GASOLINE TO BE SPRAY ONTO ENGINE. FUEL RAIL FAILURE CAUSED LARGER AMOUNTS OF GASOLINE TO VAPORIZE INTO A CLOUD APPEARING AS STEAM. ANY ELECTRICAL SPARK COULD HAVE CAUSED EXPLOSION AND FIRE. *JB


Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.


The Privacy Act of 1974—Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100079	
		Date Received 23-SEP-2003	Repository <input type="checkbox"/>	Reference No. 10040380	
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	IN	Zip Code		
MARION					
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner		Date		/ /	
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
		OLDSMOBILE	AURORA	1995	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
			No: Cylinders		
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain		Vehicle Component Code	
	<input type="checkbox"/> Cruise Control			0732B0 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:INJECT	
				Multiple Failure: 1	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s)	Failure Mileage	Failure Speed			
23-SEP-2003					
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM1A5ABC036)		<input type="checkbox"/> Original Equipment	Failure Location:		
		<input type="checkbox"/> Prior Repair			
Tire Component Code			Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), condition, and injury(ies).)					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
CONSUMER NOTICED THAT FUEL LINE SYSTEM WAS LEAKING GASOLINE OVER THE HOT ENGINE DUE TO A FAULTY FUEL INJECTION SYSTEM. *AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY					
The Privacy Act of 1974 (Public Law 93-502) 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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.					

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 335	
		Date Received 20-OCT-2003	Repository <input type="checkbox"/> Reference No. 10044331
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City BRADLEY	State IL	Zip Code	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date 1 / 1			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number located at bottom of windshield on driver's side 1G3GR62C1M4105578		Make OLDSMOBILE	Model AURORA
Model Year 1997		Engine: No: Cylinders	Fuel Type:
Date Purchased	Dealer's Name and Telephone Number		
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA Multiple Failure: 1	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s)	Failure Mileage 57725	Failure Speed	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM4LSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code	Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)			
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 Deaths
Reported to Police N			
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).			
THE VEHICLE WAS PARKED IN THE GARAGE. THE DRIVER BEGAN TO SMELL GAS FUMES THROUGHOUT THE HOUSE. TOOK VEHICLE TO THE DEALER. THE DEALER STATED VEHICLE HAD A BAD FUEL RAIL. DEALER BELIEVED THAT IF THE HOUSE FURNACE WAS LIT THEN THE FUMES FROM THE VEHICLE MIGHT HAVE IGNITED A FIRE IN THE HOUSE. *AK			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
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 an 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 Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100161	
		Date Received 23-OCT-2003	Repository <input type="checkbox"/>	Reference No. 10044610	
OWNER INFORMATION (Type or Print)				Daytime Telephone Number	E-mail Address
Name				Evening Telephone Number	
Address					
City DEERFIELD BEACH	State FL	Zip Code			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date ____/____/____					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G6KD5ZY1TU225248		Make CADILLAC	Model DEVILLE	Model Year 1996	
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:	
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 114000 ELECTRICAL SYSTEM: WIRING		
			Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 29-AUG-2003	Failure Mileage 70000	Failure Speed			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example: P215/65R15)	
DOT No. (Example: DOTM4LSABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths	Reported to Police Y	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).					
WHEN THE DRIVER PUT THE KEY IN AND TURNED THE IGNITION VEHICLE CAUGHT ON FIRE. THE FIRE DEPARTMENT EXTINGUISHED THE FIRE. THE CAUSE OF THE FIRE HAS NOT YET BEEN DETERMINED. *AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
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		FOR AGENCY USE ONLY 335	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received	Ord. or rt. dt ed. rt up. br
[Redacted] 620080 WOODLAND TX		12-JUL-2000	Reference No. 666285
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO		Work Number	Home Number
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		[Redacted]	
Signature of Owner _____		Date ____/____/____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
163GR82C864107273	OLDSMOBILE	AURORA	1995
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	Anti-lock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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
Drive Train	Vehicle Type	Body Style	
<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 UE 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 08130000	Part Name(s) FUEL:FUEL LINES FITTINGS AND PUMP	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 0	Date(s) of Failure(s) 07-JUL-2000 Mileage at Failure(s) 61000 Vehicle Speed at Failure(s) 0	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	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		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
FUEL LINE WHERE IT IS ATTACHED TO ENGINE SPRUNG A LEAK, SPILLING HOT GASOLINE OVER ENGINE, CONSUMER FEELS THIS COULD CAUSE A FIRE AND/ OR AN EXPLOSION.*AK			
<small>CONTINUED ON REVERSE</small>			
<small>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.</small>			

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 335 Date Rec'd: <u>12 AUG 11 AM 10:15</u> 12-AUG-2000 OFFICE OF DEFECTS INVESTIGATION Reference No. <u>045285</u></p>
	<p>OWNER INFORMATION (Type or Print) <u>WOODLAND TX</u> <u>620098</u></p>	<p>Work Number _____ Home Number _____</p>

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, NHTSA will NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner: _____ Date: 7-27-00

VEHICLE INFORMATION							
Vehicle NHTSA No. (VIN) <u>1E3GR82C6E4107273</u>	Explant or make of component (as shown on other's side)	Vehicle Make <u>OLDSMOBILE</u>	Vehicle Model <u>ALTORA</u>	Vehicle Year <u>1998</u>	Current Odometer Reading <u>62,844</u>		
Purchase Date <u>10/94</u>	Dealer's Name <u>DEMONTRAND Auto City</u>		Engine Size (CID/CC) <u>4.8 L</u>	<input type="checkbox"/> Turbo Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>CONROE</u> State <u>Tx</u> Zip Code <u>77304</u>		No. Cylinders <u>V-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"/> Motorbelt <input checked="" type="checkbox"/> Drivenside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car Van <input type="checkbox"/> Sport UR <input type="checkbox"/> Truck <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>09138808</u>	Part Name(s) <u>FUEL: FUEL LINES FITTINGS AND PUMP</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <u>5</u>	Date(s) of Failure(s) <u>07-11-2000</u>	Mileage at Failure(s) <u>61000</u>	Vehicle Speed at Failure(s) <u>0</u>
Failed Part(s) Available?		NHTSA Previously Contacted?	
<input checked="" type="checkbox"/> Yes <input 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	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 LINE WHERE ITS ATTACHED TO ENGINE SPRUNG A LEAK, SPILLING HOT GASOLINE OVER ENGINE, CONSUMER FEELS THIS COULD CAUSE A FIRE AND/OR AN EXPLOSION.*AK

of fuel lines have a defect Oldsmobile should recall. The fuel line was under extreme pressure. I now worry about the other fuel lines which the dealer said was ok

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 Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owners Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1367	
OWNER INFORMATION (Type or Print)		782826		DEFECTS OFFICE INVESTIGATION 23-OCT-2002 Work Number _____ Home Number _____	
1305 B KINGSRIDGE COURT NORMAL IL				Reference No. 8021411	
Do you authorize NHTSA to contact you or the vehicle manufacturer in the absence of an authorized representative? Signature of Owner _____ Date 11/11/02					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	
1G6K962YXVU827252	CADILLAC	SEVILLE	1997	80,267	
Purchase Date	Dealer's Name	Engine Size (CID/CC)	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Barker Motor Co. City: Danville, Va. Zip Code: 601704	No Cylinders _____			
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 Lite 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	Part Name(s)	Location		Failed Part(s)	
06010000	FUEL, LPG OTHER PARTS	<input type="checkbox"/> Left <input type="checkbox"/> Front	<input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original Replacement	
No of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously
	21-OCT-2002	80000		<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	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
CONSUMER STATES THAT WHEN THEY HAD OIL CHANGED ON VEHICLE WAS INFORMED THAT, THE FUEL RAIL WAS LEAKING FUEL UNTO THE MOTOR. VEHICLE UN DRIVERABLE. THIS IS A COMMON PROBLEM, PART IS ON BACK ORDER, PER DEALERSHIP. MR Part was on NATIONAL BACKORDER, I CHECKED WITH ANOTHER DEALER. Confirmed it was on National Backorder. If this is not such a huge problem, then part should have been available. I wanted not to drive car, nor park it in garage because of					
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.					

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

was unable to do so. The fumes were overwhelming! It
could have caught on fire! I should have asked them
if they had O2 sensors. Cadillac and Acura
previously with some problems. This is frightening!

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



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U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at


1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
http://www.nhtsa.dhs.gov/office

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 158 Date Received 08-SEP-2000 Odometer rt_mile od_mile up_mile Reference No. 889987	
OWNER INFORMATION (Type or Print) [REDACTED] 635629 7433 INDIAN ROAD TEMPERANCE MI [REDACTED]		Work Number [REDACTED] Home Number [REDACTED]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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) (Located at bottom of windshield on driver's side) PLEASE FILL IN		Vehicle Make OLDSMOBILE	Vehicle Model AURORA
		Vehicle Year 1998	Current Odometer Reading
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 Injection
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input 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	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input 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
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 08131008	Part Name(s) FUEL:FUEL LINES:METALIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 08-SEP-2000 Mileage at Failure(s) 70 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
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
DUE TO A SPILT CRACK IN THE FUEL LINE BETWEEN FUEL INJECTOR ON THE FUEL RAIL, THERE WAS A FUEL LEAK WHICH COULD HAVE CAUSED A FIRE. DEALER SAID THEY NEEDED TO REPLACE FUEL RAIL ASSEMBLY. PLEASE PROVIDE FURTHER INFORMATION.*AK			
<small>CONTINUE ON BACK IF NEEDED</small>			
<small>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.</small>			

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 158	
[REDACTED]		635628		DATE RECEIVED: 00 OCT 25 PM 2: 09-SEP-2000 OFFICE: DEFECTS INVESTIGATION	
TEMPERANCE		MI		Reference No. 88987	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an answer, NHTSA will provide your name and address to the vehicle manufacturer.		Yes		No	
Signature of Owner		[REDACTED]		Date 10/16/00	
VEHICLE INFORMATION					
Vehicle Id. No. (VIN) (Located at bottom of dashboard on driver's side) 1G3GR62CXT4101879 PLEASE FILL IN		Vehicle Make OLDSMOBILE	Vehicle Model AURORA	Vehicle Year 1998	Current Odometer Reading
Purchase Date	Dealer's Name		Engine Size (CID/CCL) 4.0	Turbo Diesel Gas	Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City	State	Zip Code	No. Cylinders 3	
Transmission Type	Anti-lock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
<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 checked="" type="checkbox"/> Driver-side Airbag <input checked="" type="checkbox"/> Passenger-side Airbag	<input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
<input type="checkbox"/> Car Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ut <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 88131000	Part Name(s) FUEL PUMP LINES: BRASS LIG NYLON?		Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No. of Failures 1	Date(s) of Failure(s) 09-SEP-2000		Mileage at Failure(s) 70	Vehicle Speed at Failure(s)	NHTSA Previously <input checked="" 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
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
DUE TO A SPILT CRACK IN THE FUEL LINE BETWEEN FUEL INJECTOR ON THE FUEL RAIL, THERE WAS A FUEL LEAK WHICH COULD HAVE CAUSED A FIRE. DEALER SAID THEY NEEDED TO REPLACE FUEL RAIL ASSEMBLY. PLEASE PROVIDE FURTHER INFORMATION.*AK FUEL LINE - VERY THIN MATERIAL SPLIT AT SEAM? I DID KEEP PART					
CONTINUE ON BACK IF NEEDED					
The Privacy Act of 1974 (Public Law 93-502) 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 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 438

Date Received
10-OCT-2000

Od_or _____
rt_of _____
od_rt _____
up_br _____

Reference No.
872581

OWNER INFORMATION (Type or Print)

MIDDLETOWN NY

Work Number _____
Home Number _____

Do you authorize NHTSA to provide a copy of report to _____? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) **NOT AVAILABLE** Vehicle Make **OLDSMOBILE** Vehicle Model **AURORA** Vehicle Year **1995** Current Odometer Reading _____

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 <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-lock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input 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	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 <input type="checkbox"/> Sport Lit <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	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 **06130000** 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) **15-MAR-2000** Failed Part(s) Available? Yes No NHTSA Previously Contacted? Yes No
Mileage at Failure(s) _____
Vehicle Speed at Failure(s) _____

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)

GAS FUMES WERE SEEPING INTO VEHICLE. VEHICLE WAS TAKEN TO DEALER WHERE THEY FOUND A HOLE IN THE FUEL LINES. 2 LINES HAD TO BE REPLACED. MANUFACTURER HASN'T NOT BEEN RESPONDING BACK TO CONSUMER REGARDING THE PROBLEM.*AK

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.



U.S. Department
of Transportation
National Highway
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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 436

Date Received

10-OCT-2000

Od_or
it_dk
od_rt
up_lr

Reference No.

872581

OWNER INFORMATION (Type or Print)

644852

MIDDLETOWN

NY

Work Number

Home Number

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>(Located at bottom of windshield on driver's side)</small> NOT AVAILABLE.	Vehicle Make OLDSMOBILE	Vehicle Model AURORA	Vehicle Year 1995	Current Odometer Reading
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Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
--	--	--	--

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-lock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input 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	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 _____ <input type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06130000	Part Name(s) FUEL:FUEL LINES FITTINGS AND PUMP	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	--	--	---

No. of Failures	Date(s) of Failure(s) 15-MAR-2000 Mileage at Failure(s) _____ 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
--	---	---------------------------	----------------------	---------------------------	---

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

GAS FUMES WERE SEEPING INTO VEHICLE. VEHICLE WAS TAKEN TO DEALER WHERE THEY FOUND A HOLE IN THE FUEL LINES. 2 LINES HAD TO BE REPLACED. MANUFACTURER HASN'T NOT BEEN RESPONDING BACK TO CONSUMER REGARDING THE PROBLEM.*AK

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.



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
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798

Date Received

05-JAN-2001

Od_or
rt_dt
od_rt
up_fr

Reference No.

877480

OWNER INFORMATION (Type or Print)

854436

ROSEVILLE

MN

Work Number

Home Number

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) (Located at bottom of windshield on driver's side) 1G3GR82C85411516	Vehicle Make OLDSMOBILE	Vehicle Model AURORA	Vehicle Year 1995	Current Odometer Reading
--	-----------------------------------	--------------------------------	-----------------------------	--------------------------

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

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <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 08620000	Part Name(s) EXHAUST SYSTEM:PIPE:EXHAUST	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) 05-JUN-2000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	Mileage at Failure(s) 130	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Speed at Failure(s)
-----------------	--	--	----------------------------------	--	-----------------------------

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)

WHILE DRIVING CONSUMER SMELLED SOME FUEL WHEN VEHICLE WAS TAKEN INTO DEALERSHIP CONSUMER WAS TOLD THAT THERE WAS A FUEL LEAKAGE WHERE PIPE (PART #25604820) WAS NOT PROPERLY CONNECTED TO FUEL INJECTOR.*AK

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.

Auto Safety Hotline		FOR AGENCY USE ONLY 284	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 388-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print)		Date Received	Ord. or Rt. dt Ord. Rt Up. Itr
685485		16-APR-2001	Reference No. 885974
SCHERERVILLE IN		Work Number	Home Number
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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>(Located at bottom of dashboard on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
1G3GR52C854102088	OLDSMOBILE	AURORA	1995
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 Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input 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 type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle
			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 08310000	Part Name(s) ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD	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) 22-MAR-2001 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 checked="" type="checkbox"/> Yes <input 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)			
WHILE DRIVING VEHICLE CAUGHT ON FIRE UNDER HOOD. VEHICLE WAS TOTALLED. MANUFACTURER HAS BEEN NOTIFIED.*AK			
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.			

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 284		
[REDACTED]		[REDACTED]		Date Received 16-APR-2001	Od or rt dt od rt up br	
[REDACTED]		[REDACTED]		Reference No. 885974		
[REDACTED]		[REDACTED]		Work Number	[REDACTED]	
[REDACTED]		[REDACTED]		Home Number	[REDACTED]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an answer, provide your name and address to the vehicle manufacturer.						
Signature of Owner [REDACTED]				Date 4/30/01		
VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Locate at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	
1G3GR6ZC8S4102088		OLDSMOBILE	AURORA	1996	96,000	
Purchase Date 4/97	Dealer's Name CLASSIC OLD		Engine Size (CID/CYL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City MERRILLVILLE IN Zip Code 46410		No Cylinders 8			
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 checked="" 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 Ute <input type="checkbox"/> Truck <input 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 88390008	Part Name(s) ELECTRICAL SYSTEM;WIRING;HARNESSE;FRONT;UNDERHOOD		Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures	Date(s) of Failure(s) 22-MAR-2001	Mileage at Failure(s) 96,000	Vehicle Speed at Failure(s) 30-40 mph - credit card fire	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage Car + two stations	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No FIRE DEPT REPORT	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
WHILE DRIVING VEHICLE CAUGHT ON FIRE UNDER HOOD. VEHICLE WAS TOTALLED. MANUFACTURER HAS BEEN NOTIFIED.*AK						
<p>Actually, the car stalled. I pulled into a gas station. No warning lights came on except faster seat belts. I turned engine on. Everything seemed okay. But car in reverse. Then was an explosion and there fire over.</p>						
<small>CONTINUE ON BACK IF NEEDED</small> <small>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.</small>						



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 125

Date Received

16-MAY-2001

Cd_or

rt_dt

pd_rt

up_tr

Reference No.

888350

OWNER INFORMATION (Type or Print)

692337

NEWARK

OH

Work Number

Home Number

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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3GR62C25412244	OLDSMOBILE	AURORA	1995	

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

Transmission Type	Anti-lock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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 Ut <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 08300000	Part Name(s) FUEL:FUEL INJECTION SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	--	--	---

No of Failure	Date(s) of Failure(s) 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
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APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crush(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 Fatalite	Estimated Property Damage	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	--------------------	---------------------------	--

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

FUEL INJECTION SYSTEM HAS DEVELOPED PIN HOLES WHICH IS ALLOWING FUEL TO LEAK ONTO ENGINE. PLEASE GIVE ANY FURTHER DETAILS.*AK

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.

Auto Safety Hotline		FOR AGENCY USE ONLY 758	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 388-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print)		Date Received	Od_or _____ Pl_dt _____ Pd_Lr _____ Up_Mr _____
PAINSVILLE OH		12-JUN-2001	Reference No. 890180
686505		Work Number	Home Number
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
ADD	CADILLAC	DEVILLE	1996
Purchase Date	Dealer's Name _____	Engine Size (CID/CC) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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	<input checked="" type="checkbox"/> Yes <input 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"/> 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 08130000	Part Name(s) FUEL:FUEL LINES FITTINGS AND PUMP	Location <input type="checkbox"/> Left <input type="checkbox"/> Front	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) 08-JUN-2001 77000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s)		
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)			
CONSUMER SMELLED FUEL INSIDE VEHICLE THAT WAS COMING THROUGH AIR CONDITIONER VENTS. DEALER WAS REPLACING FUEL LINES AT THIS TIME.*AK			
CONTINUE ON BACK IF NEEDED			
<small>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.</small>			



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 284

Date Received

18-JUN-2001

Del. or _____
R. dt _____
pd. rt _____
up. jtr _____

Reference No.

890594

OWNER INFORMATION (Type or Print)

687483

ESTELL MANOR

NJ

Work Number

Home Number

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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G3GR52C5S4100739	OLDSMOBILE	AURORA	1995			
Purchase Date	Dealer's Name	Engine Size (CID/CYL _____)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____				
Transmission Type	Anti-Block Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<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 Util <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 06130000	Part Name(s) FUEL:FUEL LINES FITTINGS AND 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) _____ 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 LINES LEAK AT THE FITTINGS, CAUSING FUEL TO SPRAY OVER ENGINE. DEALER HAS REPLACED FUEL LINES PRIOR TO THIS INCIDENT, AND THE PROBLEM HAS REOCCURRED. *AK

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.

 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 284 Date Received: <u>01 JUL -9 AM 11:57</u> <u>18-JUN-2001</u> OFFICE DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print) [Redacted] 897483 ESTELL MANOR NJ [Redacted]				Reference No. 890584 Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DOT provide your name and address to the vehicle manufacturer. Signature of Owner [Redacted] Date <u>6/29/01</u>					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1G3GR52C8S4109759		Vehicle Make OLDSMOBILE	Vehicle Model AURORA	Vehicle Year 1985	Current Odometer Reading 91,000
Purchase Date <u>7/2001</u> <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's Name: <u>[Redacted]</u> City _____ State _____ Zip Code _____		Engine Size (CID/CYL) <u>4.2</u> No. Cylinders <u>6</u>	<input type="checkbox"/> Turbo Diesel <input type="checkbox"/> Gas <input checked="" 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"/> Microlbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" 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"/> Sport UT <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other <input type="checkbox"/> Motorcycle		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 89130880	Part Name(s) FUEL-FUEL LINES FITTINGS AND PUMP		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 Replacement
No of Failures <u>2</u>	Date(s) of Failure(s) <u>2000 - 5/2001</u> Mileage at Failure(s) <u>20,000 - 80,000</u> Vehicle Speed at Failure(s) <u>65+</u>		Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>BY OTHERS!</u>	
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	<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 LINES LEAK AT THE FITTINGS, CAUSING FUEL TO SPRAY OVER ENGINE. DEALER HAS REPLACED FUEL LINES PRIOR TO THIS INCIDENT, AND THE PROBLEM HAS REOCCURRED. *AK NTSB HAS SEVERAL INCIDENTS OF THIS PROBLEM REPAIRED OVER THE PAST FEW YEARS!					
<small>CONTINUE ON BACK IF NEEDED</small>					
<small>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.</small>					



U.S. Department
of Transportation
National Highway
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Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 386-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1039

Date Received

12-JUL-2001

Dd_or _____

Pt_dt _____

Pd_rt _____

Up_jr _____

Reference No.

882648

OWNER INFORMATION (Type or Print)

702287

WINTHROP

MA

Work Number _____

Home Number _____

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>(Locate at bottom of windshield on driver's side)</small> 1G3R82CXF4112556	Vehicle Make OLDSMOBILE	Vehicle Model ALIBRA	Vehicle Year 1995	Current Odometer Reading
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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 _____	Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio <input type="checkbox"/>
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-lock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input 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 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 <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	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 06110000	Part Name(s) FUEL:FUEL TANK ASSEMBLY	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date(s) of Failure(s) 09-JUL-2001 67 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 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)

SMELL OF GAS WAS COMING INTO VEHICLE. CONSUMER CHECKED UNDER HOOD AND FOUND GAS SPUTTING OUT. CONTACT DEALER.*AK

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.

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
1-888-327-4234
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1039

Date Received 11 AUG 22 AM '91 **OFFICE DEFECTS INVESTIGATION**

12-JUL-2001

Od or rt or od rt or

Reference No. 882649

Work Number _____
 Home Number _____

OWNER INFORMATION (Type or Print)

WINTHROP MA 702287

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 8.7.91

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1G3R82CXF4112555 (located in bottom of windshield on driver's side)

Vehicle Make OLDSMOBILE Vehicle Model AURORA Vehicle Year 1995 Current Odometer Reading _____

Purchase Date 9/94 Dealer's Name LANLON Engine Size (CID/CYL) _____ Turbo Diesel Gas Fuel Injection Turbo Diesel Gas Fuel Injection

New Used City WOBURN State MA Zip Code _____ No Cylinders 4

Transmission Type Manual Automatic

Antilock Brakes Yes No

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 Sport UE Van Truck Motorcycle Other

Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 88114090 Part Name(s) FUEL:FUEL TANK ASSEMBLY Location Left Right Front Rear

Failed Part(s) Original Replacement

No of Failures _____ Date(s) of Failure(s) 08-11-2001 Failed Part(s) Available? Yes No

Mileage at Failure(s) 87,800 NHTSA Previously Contacted? Yes No

Vehicle Speed at Failure(s) 0

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)

SMELL OF GAS WAS COMING INTO VEHICLE. CONSUMER CHECKED UNDER HOOD AND FOUND GAS SPUTTING OUT. CONTACT DEALER. *AK THIS WAS A VERY DANGEROUS SITUATION. ENGINE COULD HAVE CAUGHT FIRE. CAR HAD TO BE TOWED.

CONTROL 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.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8389
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 920

Date Received

18-AUG-2001

Cd_or

M_dtr

Pd_rt

Up_jtr

Reference No.

894525

OWNER INFORMATION (Type or Print)

708260

233 EAST GRANVILLE

ROSELLE

IL

Work Number

Home Number

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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3GR62C9S4143278	OLDSMOBILE	AURORA	1995	

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

Transmission Type	Anti-lock 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 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 checked="" type="checkbox"/> Yes <input 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/Ut <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 06312000	Part Name(s) FUEL:FUEL INJECTION:UNKNOWN TYPE:LINE:HOSE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) 30-JUN-2001 100000 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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--------------------------------	---------------------------	---------------------------	---

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

NYLON FUEL LINES THAT FEED INTO FUEL INJECTORS DEVELOPED A HOLE, AND WERE LEAKING FUEL. LOCAL REPAIR SHOP PERFORMED THE SERVICE ON VEHICLE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

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.

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 1-888-327-4238 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 820 Date Received PH 2:31 18-AUG-2001 OFFICE DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print)		706260		Reference No. 894525	
ROSELLE		IL		Work Number	
Do you authorize NHTSA to provide a copy of this report to the owner of your vehicle? In the absence of an authorized signature and address to the vehicle manufacturer.		Yes		NO	
Signature of Owner		Date		9/4/01	
VEHICLE INFORMATION					
Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3GR82C9S4143278		OLDSMOBILE	AURORA	1996	100,000
Purchase Date		Dealer's Name		Engine Size (CID/GCC)	Turbo Diesel Gas Fuel Inject
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		City State Zip Code		4.0	8
Transmission Type		Anti-lock Brakes		Cruise Control	
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Airbag System		Drive Train		Vehicle Type	
<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag		<input 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 Utility Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component		Part Name(s)		Location	
08312008		FUEL-FUEL INJECTION:UNKNOWN TYPE:LINE:HOSE		<input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	
No of Failures		Date(s) of Failure(s)		Failed Part(s)	
		30-JUN-2001		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Mileage at Failure(s)		NHTSA Previously	
		100000		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Vehicle Speed at Failure(s)			
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		0	
				Number of Fatalities	
				0	
				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>NYLON FUEL LINES THAT FEED INTO FUEL INJECTORS DEVELOPED A HOLE, AND WERE LEAKING FUEL. LOCAL REPAIR SHOP PERFORMED THE SERVICE ON VEHICLE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK</p> <p><i>It was like a Fire Hose, spraying out gas!!</i></p> <p><i>I was very lucky to get it repaired quickly and feel much safer now!</i></p>					
<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>					



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 388-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 820

Date Received

23-AUG-2001

Del. or

rt. dt

pd. rt

up. jtr

Reference No.

894995

OWNER INFORMATION (Type or Print)

710122

HUNTSVILLE

AL

Work Number

Home Number

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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3GR62C0S4136607	OLDSMOBILE	AURORA	1995	

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

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 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 checked="" type="checkbox"/> Yes <input 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 Lift <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	Part Name(s)	Location	Failed Part(s)
081320D0	FUEL:FUEL LINES:HOSES:NON-METALLIC	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
	01-APR-2001 64000		<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No


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


CONSUMER SMELLED FUEL COMING FROM VEHICLE. DEALERSHIP EXAMINED VEHICLE AND COULD NOT FIND THE PROBLEM. CONSUMER DISCOVERED THAT FUEL LINES HAD SMALL HOLES IN THEM, ALLOWING FUEL TO LEAK. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK


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

Auto Safety Hotline		FOR AGENCY USE ONLY 798	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print) [Redacted] 711820 MORGONERT AL [Redacted]		Date Received 28-AUG-2001 Reference No. 885380	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Work Number _____ Home Number [Redacted] _____	
Signature of Owner _____ Date ____/____/____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) <small>(located at bottom of windshield on driver's side)</small> 1G3GR82C7S4108782	Vehicle Make OLDSMOBILE	Vehicle Model AURORA	Vehicle Year 1995
Current Odometer Reading _____	Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____ <input type="checkbox"/> Turbo 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input 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	<input type="checkbox"/> Sport Lite <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	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 08132000	Part Name(s) FUEL:FUEL LINES:HOSES:NON-METALLIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure _____	Date(s) of Failure(s) 13-AUG-2001 Mileage at Failure(s) 70	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 Damage _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
PLASTIC FUEL LINE DEVELOPED A PIN HOLE AND HOT GAS SHOT OUT ONTO ENGINE. HAS CONTACTED DEALER, AND HAD THE PROBLEM FIXED ON AUG 15 2001. *AK			
<small>CONTINUE ON BACK IF NEEDED</small>			
<small>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.</small>			

 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 1-888-327-4238 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 798 Date Received 20-AUG-2001 OFFICE DEFECTS INVESTIGATION		
	OWNER INFORMATION (Type or Print) [REDACTED] 711820 MONTGOMERY AL [REDACTED]		Reference No. 895380 Work Number [REDACTED] Home Number [REDACTED]		
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorized signature and address to the vehicle manufacturer.					
Signature of Owner [REDACTED] Date 9/14/01					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located in bottom left corner of driver's door) 1G3JG62C784106792	Vehicle Make OLDSMOBILE	Vehicle Model AURORA	Vehicle Year 1995	Current Odometer Reading 75,000	
Purchase Date 9-96 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name McGough Olds 405 Eastern Blvd. City Montgomery State AL Zip Code 36117		Engine Size (CID/CC) No Cylinders 8	<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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Type <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 Lift <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 06132000	Part Name(s) FUEL:FUEL LINES:HOSES:NON-METALLIC		Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures 1	Date(s) of Failure(s) 13-AUG-2001 Mileage at Failure(s) 74,000 Vehicle Speed at Failure(s)		Failed Part(s) <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	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)					
PLASTIC FUEL LINE DEVELOPED A PIN HOLE AND HOT GAS SHOT OUT ONTO ENGINE. HAS CONTACTED DEALER, AND HAD THE PROBLEM FIXED ON AUG 15 2001. *AK COST TO FIX - REPLACE FUEL LINE WAS \$400. EXTREMELY DANGEROUS INCIDENT. MANY SIMILAR FUEL LINE LEAKS IN '95 AURORAS REPORTED TO HOTLINE IN LAST FEW MONTHS.					
The Privacy Act of 1974 (Public Law 93-502) 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.					

Auto Safety Hotline		FOR AGENCY USE ONLY 335	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print)		Date Received	Dd_or _____ Pt_dt _____ Pd_yr _____ Up_tr _____
737691		06-FEB-2002	Reference No. 8003684
HENDERSON	NV	Work Number	
		Home Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
1G6KD52Y5TU210753	CADILLAC	DEVILLE	1996
Purchase Date	Dealer's Name	Engine Size (CID/KCC/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	Anti-lock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<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 Lit <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	Part Name(s)	Location	Failed Part(s)
08312000	FUEL:FUEL INJECTION:UNKNOWN TYPE:LINE:HOSE	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
	15-JAN-2002	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s)		
	72000		
	Vehicle Speed at Failure(s)		
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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Estimated Property Damage		Reported to Police	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
THERE IS A GASOLINE SMELL WHEN DRIVING VEHICLE. TOOK VEHICLE TO DEALER AND THEY STATED THAT FUEL INJECTION LINE HAD TWO PIN HOLES IN IT, AND RAW GAS WAS SPRAYING OVER LEFT FRONT OF ENGINE. CONSUMER FELT CAR COULD CATCH ON FIRE. *AK			
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.			

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 338	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received 07 MAR 2002 06-FEB-2002 DEFECTS INVESTIGATION OFFICE	
737881		Reference No. 9803684	
HENDERSON NV		Work Number	
		Home Number JAME	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Signature of Owner _____ Date <u>1/1</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
1G6KDSZY8TU210753	CADILLAC	DEVILLE	1996
Current Odometer Reading	71546		
Purchase Date	Dealer's Name		Engine Size (CID/CC)
11 FEB 98	CADILLAC OF LAS VEGAS WEST		No. Cylinders
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>LAS VEGAS</u> State <u>NV</u> Zip Code <u>89146</u>		<input type="checkbox"/> Turbo Diesel Gas Fuel Injectio
Transmission Type	AntiLock Brakes	Restraint System	Cruise Control
<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"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type		Body Style
<input checked="" type="checkbox"/> Front 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 Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
98312009	FUEL:FUEL INJECTION:UNKNOWN TYPE:LINE:HOSE	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
2	15 JAN 2002 Mileage at Failure(s) <u>71513</u> Vehicle Speed at Failure(s)	<input checked="" type="checkbox"/> Yes <input 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		
Estimated Property Damage	Reported to Police		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)			
<p>THERE IS A GASOLINE SMELL WHEN DRIVING VEHICLE. TOOK VEHICLE TO ^{MECHANIC} DEALER AND THEY STATED THAT FUEL INJECTION LINE HAD TWO PIN HOLES IN IT, AND RAW GAS WAS SPRAYING OVER LEFT FRONT OF ENGINE. CONSUMER FELT CAR COULD CATCH ON FIRE. *AK SHORTLY THERE AFTER GAS WAS SMELLED AGAIN. THIS TIME TOOK TO DEALER AND FUEL RAIL WAS LEAKING IN A DIFFERENT PLACE. FUEL RAIL WAS REPLACED AT A TOTAL COST OF \$641.34 (PLUS TAX) MILEAGE AT THIS TIME WAS 71,848.</p>			

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 responses 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 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 1039

Date Received

24-APR-2002

Del. or

Pl. dt

pd. rt

up. tr

Reference No.

8008473

OWNER INFORMATION (Type or Print)

749889

PEABODY

MA

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the _____ 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>(Located at bottom of instrument on driver's side)</small> 1G3GR62C754107787	Vehicle Make OLDSMOBILE	Vehicle Model AURORA	Vehicle Year 1995	Current Odometer Reading
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Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCA) _____ 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 type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input 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	Cruise Control <input type="checkbox"/> Yes <input 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 _____ <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	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 06300000	Part Name(s) FUEL:FUEL INJECTION SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatality	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	--------------------	--------------------------	---

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

THERE WAS A STRONG SMELL OF FUEL INSIDE OF VEHICLE. TOOK VEHICLE TO MECHANIC, AND MECHANIC INDICATED FUEL LEAKING FROM FUEL RAIL WHICH WAS TOO CLOSE TO SPARK PLUGS, COULD EASILY START FIRE.*AK

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.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8383
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1387

Date Received

17-JUN-2002

Oid_or

rl_dt

pd_rt

up_tr

Reference No.

8011959

OWNER INFORMATION (Type or Print)

759538

FOREST LAKE

MN

Work Number

Home Number

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>(Located at bottom of windshield on driver's side)</small> 1G3GR62C9S4127260	Vehicle Make OLDSMOBILE	Vehicle Model AURORA	Vehicle Year 1995	Current Odometer Reading
---	----------------------------	-------------------------	----------------------	--------------------------

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

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input 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 type="checkbox"/> Yes <input 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 <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	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 06300000	Part Name(s) FUEL:FUEL INJECTION SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	--	--	---

No. of Failure	Dates of Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 107000		
	Vehicle Speed at Failure(s) _____		

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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	----------------------	---------------------------	--

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

WHILE DRIVING SMELLED GAS, STEAM WAS COMING FROM HOOD. PULLED OVER, THERE WAS GAS ALL OVER THE TOP OF ENGINE. CONTACTED DEALER. FUEL INJECTION SYSTEM BROKE AND WAS LEAKING GAS. *AK

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.

Owner Information

[Redacted]

home phone [Redacted]
 business phone [Redacted]
 fax [Redacted]
 email [Redacted]

Sacramento, CA [Redacted]

Have NHTSA send signature card for authorization? Yes

Vehicle Information

vin 1G3GR62C3S4102600

make Oldsmobile model Aurora year 1995

odometer 55204

purchase date 06/96 new or used? Used body style 4-Door

dealer Meitz Oldsmobile

Fulton Ave
 Sacramento, CA 95819
 916 4-86 -1301

engine size 5.0l cylinders 8 fuel injection Y turbo N fuel type Gas

antilock br. Y cruise control Y drive train Front

driver's airbags		passenger's airbags		seat belts	
front Y		front Y		3-point Y	
side N		side N		2-point N	
				motorized N	

Incident(s)

Incident Number 1

failed component / part details

major assembly FUEL, FUEL LINES FITTINGS AND PUMP

description Fuel rail

location		original	number of failures	date of failure	mileage at failure	speed at failure	manufacturer contacted	NHTSA contacted
left/right	front/rear							
NA	NA	Original	1	7/1/99	55204	0	Y	N

incident details

accident	fire	airbags deployed		number of persons injured	number of fatalities	estimated property damage	police report filed
		driver's	passenger's				
N	N	front N	side N	front N	side N		N

Incident Number 2

failed component / part details

major assembly FUEL: FUEL LINES FITTINGS AND PUMP

description Fuel return line

location		original	number of failures	date of failure	mileage at failure	speed at failure	manufacturer contacted	NHTSA contacted
left/right	front/rear							
NA	NA	Original	1	8/1/98	49500	0	Y	N

incident details


accident	fire	airbags deployed				number of persons injured	number of fatalities	estimated property damage	police report filed
		driver's	passenger's	front	side				
N	N	front N	side N	front N	side N	0	0	\$0	N

Tire information

DOT number	manufacturer
name	size

Comments

Fuel failures were reported by dealer to be significantly dangerous and could have resulted in fire and explosions

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 231</p> <p>Date Rec'd: 08-NOV-2002 OFFICE OF DEFECTS INVESTIGATION</p>	
<p>Odor r_d od_r up_br</p>		<p>Reference No. 8022451</p>		<p>Work Number</p>	
<p>Home Number</p>		<p>OWNER INFORMATION (Type or Print)</p> <p>765851</p> <p>CHAPIN SC</p>			
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized representative, the manufacturer's name and address to the vehicle manufacturer.</p> <p>Signature of Owner: _____ Date: 11/1/03</p>					
<p>VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2AA1G3GA62C15410</p>		<p>Vehicle Make OLDSMOBILE</p>	<p>Vehicle Model AURORA</p>	<p>Vehicle Year 1995</p>	<p>Current Odometer Reading 160,000</p>
<p>Purchase Date</p>	<p>Dealer's Name</p>		<p>Engine Size (CID/CC) 4.0</p>	<p>No. Cylinders 8</p>	<p><input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas Fuel Injected</p>
<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>City _____ State _____ Zip Code _____</p>		<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>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 Belt</p>
<p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p>Sport Utility Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component 08131000</p>	<p>Part Name(s) FUEL-PURCHASER-METALIC PLASTIC FUEL RAILS</p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	
<p>No. of Failures 3</p>	<p>Date(s) of Failure(s) 1999 2001 2002 Mileage at Failure(s) ~15,000 ~110,000 ~135,000 Vehicle Speed at Failure(s) 0 MPH</p>		<p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Possible</p>	<p>Number of Persons Injured 0</p>	<p>Number of Fatalities 0</p>	<p>Estimated Property Damage \$0 total loss if fire</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>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/ some car caught on fire while at stop sign. Fire traced to plastic fuel rails</p>					
<p>CONTINUE ON BACK IF NEEDED</p>					
<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>					



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

RECEIVED FOR AGENCY USE ONLY
Date Received: AM 10:25 19-DEC-2002
OFFICE OF DEFECTS INVESTIGATION
Reference No. 10001255

OWNER INFORMATION (Type or Print)

Name: _____
Address: _____
City: BAKERFIELD State: CA Zip Code: _____

Daytime Telephone Number: _____ E-mail Address: _____
Evening Telephone Number: _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 1/29/02

VEHICLE INFORMATION

17 digit Vehicle Identification Number: Location at bottom of windshield on driver's side: 1G6KD52Y3TU253423
Make: CADILLAC Model: DEVILLE CONCOURS Model Year: 1996
Date Purchased: 1-18-00 Dealer's Name and Telephone Number: BARBER PONTIAC 661-834-6632 661-834-3400
Engine: No. of Cylinders: 8 Fuel Type: GM-LISTED 92
Original Owner: NO Dealer's City: BAKERFIELD State: CA Zip Code: 93309
Transmission Type: AUTO. Antilock Brakes Powertrain: _____ Vehicle Component Code: 050000 ENGINE AND ENGINE COOLING
 Cruise Control Multiple Failure: _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 11-2-02 to 12-17-02 Failure Mileage: 57300 Failure Speed: ANY SPEED
Failure Description: FUEL RAIL LEAK - # 17113298

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTM19ABC036): _____ Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Name: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE FUEL INJECTOR RAIL BROKE AND FUEL SPILL ONTO THE ENGINE, CAUSING THE VEHICLE TO LEAK FUEL AND A FIRE. TS
I had a new fuel rail installed before a fire occurred, but the mechanic advised that a fire could have occurred at anytime. Cadillac mechanic told my mechanic that this was an on-going problem with this year auto. I have not been advised of any recall. It seems to me that such a dangerous problem would trigger a recall pronto. A sudden fire when in motion could cause death.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 - Public Law 93-502 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 responses may be used to assist the NHTSA in determining whether a manufacturer should take a prompt recall 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Prior to my mechanical work on my auto - he called Beebe Cadillac to check on Warranty. They informed that auto was out of warranty because of the 57500 hundred miles on mileage and they would not remedy the problem without charge. I therefore had a non-Cad agency complete the work. The honesty of this particular Cad agency mech. Dept. is, in my opinion, subject to question.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 79173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY MAILING ORGANIZATION



U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



US Department of Transportation
National Highway Traffic Safety
Administration
<http://www.nhtsa.dot.gov/dotform>

COMPUTER SMOG SPECIALIST

Home Of The Yellow Jacket

BAKERSFIELD, CAL

520 WIBLE ROAD
BAKERSFIELD, CA 93304
(661)835-3601
B.A.R # RA144225 AA144226

Year Make: 1988 Geo/Geo DeVille
Engine: V8 4.6L 4Speed/AX FWD VIN:Y
License: 38N492
M.E.D-Inout: 57,555 /
Vin: 1G8KD62Y3TL293428

Date 12/17/02 Schedule 12/10/02

INVOICE : 13788

05:20PM

Page 2

REMARKS AND LABOR DESCRIPTIONS	HRS	PRICE	PARTS & LUBRICANTS	QTY	PRICE	TOTAL
R&R FUEL RAIL AND ADVISE	4.00	300.00	FUEL REGULATOR # 17113348	1.00	72.83	72.83
FUEL RAIL #17113298 BARB.	1.00	299.99	MOTOR OIL 10-30 OIL...PPRO	2.00	2.85	5.30
PULLED OLD FUEL RAIL OFF AND FUEL			[POWERSTERR] POWER STERRING	1.00	2.89	2.89
REGULATOR INSTALLED NEW FUEL RAIL			BULB #1157 DRIVERS REAR	1.00	2.85	2.85
AND FUEL REGULATOR STARTED VEHICLE			BRAKE BULB NOTEP	1.00	0.00	0.00
CK FOR LEAKS NONE AT THIS TIME						
ALSO TEST DROVE VEHICLE NO GAS						
SMELL CK FLUIDS ADDED OIL ,DO TO						
LOW AND POWER STERRING FLUID.						

DATE TIME PHONE APPROVED AMOUNT

12/13/02 08:32 831-8181 WILLIAM 91.02

12/13/02 11:32 831-8181 BILL 853.41

12/17/02 2:20pm 831-5191 *William 855.13*

William
I acknowledge notice and oral approval of an increase in the original estimated price

CK *4991*

All Parts Are New
Unless Shown As
(U) Used or
(R) Rebuilt

Labor 712.39
Sublet 0.00

Parts & Lubricants 133.37

NOTE: BY LAW you may choose another licensed smog station to perform any needed repairs or adjustment. *WJ*

EPA 0.00
SHOP 0.00
Gasoline 0.00
Deposit 0.00
Disc. Applied 0.00
Sub Total 845.76
Sales Tax 9.67

TOTAL 855.43
BALANCE DUE 0.00

X

ACCEPTANCE SIGNATURE

I accept the charges and terms of this agreement.

I authorize the above repairs and necessary materials. Your employees may operate vehicle for inspection, testing, delivery at my risk. You will not be responsible for loss or damage to vehicle or items left in it. I agree to pay reasonable storage on vehicle left more than 3 working days after notification that job is completed. Labor is guaranteed 90 days or 4000 miles whichever occurs first. All other guarantees are made by the manufacturer. Warrantee work based on this bill must be performed at this shop. All parts are new unless specified as (U) used or (R) rebuilt. REMOVED PARTS WILL BE DISPOSED OF UNLESS I INITIAL HERE *WJ*

COMPUTER SMOG SPECIALIST

Home Of The Yellow Jacket

620 WIBLE ROAD
 BAKERSFIELD, CA 93304
 (881)835-3501
 B.A.R.# RA144225 AA144225

Year Make: 1998 Cadillac DeVille
 Engine: V8 4.9L 4Speed VAX FWD VIN:Y
 License: 38W492
 MLG In/out: 57,555 J
 Vin: 1G8KD52Y3TU299423

Date 12/17/02 Schedule 12/10/02 INVOICE : 13788 05:20PM Page 1

REMARKS AND LABOR DESCRIPTIONS	HRS	PRICE	PARTS & LUBRICANTS	QTY	PRICE	TOTAL
CK FOR GAS LEAK AND ADVISE CUSTOMER ADVISED CAN SMELL GAS FUMES.....WHEN VEHICLE IS HOT OR COLD OR HOT ... CHECK FOUND AIR FILTER WAS PLUGED UP ... WHICH WAS MAKING VEC. RUNN SUPER RICH WHEN COLD AND ALSO CHECKED CODES NO CODES IN COMPUTER ... BUT WAS SHOWING RUNNING REAL RICH.... ADVISED CUSTOMER. ADVISED CUSTOMER TO REPLACE AIR FILTER AND WE WILL INSTALL A CAN 44 K FUEL INJETTON. CLEANER AND RESCAN COMPUTER. STARTED VEHICLE LET RUN NOTICED SOMETHING LEAKING CK FOUND GAS LEAKING FROM FUEL RAIL ADVISED CUSTOMER LINE CRACKED R&R FUEL RAGULATOR AND ADVISE	0.50	37.50	[AIR/FIL] AIR FILTER 278 [44K] FUEL INJECTION CLEANER 44K	1.00 1.00	22.95 26.95	22.95 26.95
	1.00	75.00				

DATE	TIME	PHONE	APPROVED	AMOUNT

I acknowledge notice and oral approval of an increase in the original estimated price

All Parts Are New Unless Shown As (U) Used or (R) Rebuilt	Labor Sublet	Parts & Lubricants
		EPA Shop Supplies Gasoline Deposit Disc. Applied Sub Total Sales Tax
		TOTAL 855.43 BALANCE DUE

X

ACCEPTANCE SIGNATURE
 I accept the charges and terms of this agreement.



Continue next page



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236) 2003 MAY -7 PM 12:28
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received
28-MAR-2003

Repository
Reference No.
10014702

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City EFFINGHAM State IL Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [Redacted]
Evening Telephone Number [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 4/11/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom (or top) of driver's side door
1G6EL2YS6U636538 Make CADILLAC Model ELDRADO Model Year 1997
Date Purchased DEC Dealer's Name and Telephone Number W W AUTO SALES Engine: No: Cylinders 8 Fuel Type: Gas
Original Owner NO Dealer's City PARIS State ILL Zip Code 61944
Transmission Type AUTOMATIC Antilock Brakes Powertrain Vehicle Component Code 070000 FUEL SYSTEM, GASOLINE
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s) 28-MAR-2003 Failure Mileage 90,000 Failure Speed ANY
PLASTIC TUBING AROUND INTAKE PIPES
HAD CRACKS - RAW GAS ALL OVER ENGINE

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R15)
DOT No. (Example: DOTPA19ABC036) Original Equipment Prior Repair Failure Location:
Tire Component Code [Redacted] Tire Failure Type [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Condition, and Injury(ies).)

Crash Yes No Fire Yes No
Number of Persons Injured [Redacted] Number of Deaths [Redacted] Reported to Police N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE VEHICLE STALLED WITHOUT WARNING. WHEN THE CONSUMER PULLED OVER AND LIFTED UP THE HOOD, HE DISCOVERED THAT GASOLINE HAD LEAKED ALL OVER THE ENGINE. "JB"

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

We were very lucky that the engine did not catch on fire. We had grandchildren & friends in the car & were traveling at least 45 MPH. The day before we smelled gas, but had no idea where it was coming from at first - this could have led to a terrible accident or death. What if it did blow up & catch fire? Maybe no one would have known the reason. I have the part that cost \$332.00. Plastic tubing that was cracked. It does not make sense why it cracked. I hope no one else has to go through the same trauma. We paid the bill - but we also think that the part was faulty for ~~reasons~~ reasons. recall should be done ~~on all~~ on all nochtan engines. Thank you for the family

ATTACHMENTAL BILLS OF FREIGHT

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

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
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4238

DOT Auto Safety Hotline (DASH) & DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
http://www.dhs.gov/odot



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received: 2003 JUN 08-APR-2003
Repository:
Reference No.: 10015451

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: AURORA State: CO Zip Code: [Redacted]

Daytime Telephone Number: 303-306-9105
Evening Telephone Number: [Redacted]
E-mail Address: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, please print your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 6/15/03

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G3GR62C6T4102317
Make: OLDSMOBILE Model: AURORA Model Year: 1998

Date Purchased: 5/01/2002 Dealer's Name and Telephone Number: SUSS PONTIAC 303-751-3400
Original Owner: Dealer's City: AURORA State: CO Zip Code: 80010
Engine: 4.0 No. Cylinders: 6 Fuel Type: GAS

Transmission Type: AUTOMATIC
 Antilock Brakes
 Cruise Control
Powertrain: [Redacted]
Vehicle Component Code: 061000 ENGINE AND ENGINE COOLING:ENGINE
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 07-APR-2003 Failure Mileage: 120000 Failure Speed: 5 MPH
FUEL REGULATOR OR FUEL RAIL

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] The Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTMALBAC036) Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

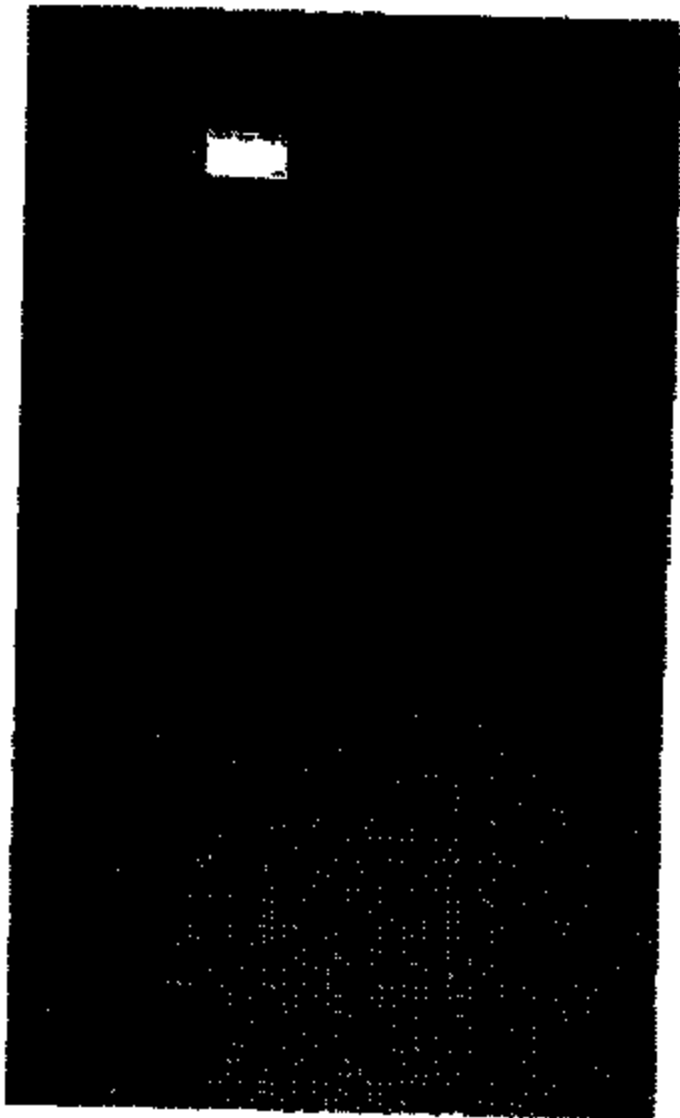
(Please describe in detail the incident, including location, date, and time.)
Crash: Yes No Fire: Yes No
Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, (e.g., parts repaired or replaced (and if old part is available)).

THERE WAS AN EXPLOSION UNDER THE HOOD. *JB
THIS RESULTED IN AN ENGINE FIRE. THE FIRE DEPARTMENT ARRIVED IN (5) FIVE MINUTES, AND THE FIRE WAS EXTINGUISHED IN (15) FIFTEEN MINUTES. ALL WIRING, HOSES, PLASTICS, ETC.; WERE COMPLETELY DESTROYED. THERE WAS A FUEL STAIN (PUDDLE) AND A TRAIL OF GAS LEAK IN THE STREET LEADING UP TO BURNED VEHICLE. OBVIOUSLY, THERE WAS SOME TYPE OF FUEL LEAKAGE ON ENGINE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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.



Incident Report
2003-0006847-000

Aurora Fire Department
16151 E. Alameda Pkwy.
Aurora, CO 80012
303-326-2799

Basic

Alarm Date and Time 20:45:31 Sunday, April 6, 2003
Arrival Time 20:49:13
Controlled Date and Time
Last Unit Cleared Date and Time 21:02:31 Sunday, April 6, 2003
Response Time 0:03:42
Priority Response Yes
Completed Yes
Fire Department Station ST7
Shift A
Incident Type L31 - Passenger vehicle fire
Initial Dispatch Code FFIC
Aid Given or Received N - None
Action Taken 1 11 - Extinguish
Apparatus - Suppression 1
Personnel - Suppression Personnel 4
Property Loss \$7,000.00
Contents Loss \$0.00
Property Value \$7,000.00
Contents Value \$0.00
Property Use 962 - Residential street, road or residential driveway
Location Type Intersection
Address On S DAWSON WAY at E WESLEY AVE
City, State Zip AURORA, CO 80014
District 14H1
Directions S DAWSON WAY&E WESLEY AVE
Latitude 2191892.0
Longitude 670677.000

Person Involved - GALA,

Last Name GALA
Street Address
Phone 3037556625

Fire

Area of Origin 83 - Engine area, running gear, wheel area
Heat Source UU - Undetermined
Item First Ignited UU - Undetermined
Type of Material UU - Undetermined
Cause of Ignition 2 - Unintentional
Human Factors None
Mobile Equipment Involved 3 - Involved in ignition and burned
Mobile Equipment Type 11 - Passenger car.
Mobile Equipment Make OL - Oldsmobile
Mobile Equipment Model AURORA
Mobile Equipment Year 1995
Mobile Equipment VIN 1G3GR62C6T4102317
Mobile Equipment License CO833-GRJ

Incident Report
2003-0006847-000

Aurora Fire Department

Fire

Mobile Equipment State CO

Wildland

No Human Factor Yes

Apparatus - PE7

Apparatus ID PE7
 Response Time 0:01:57
 Apparatus Dispatch Date and Time 20:46:13 Sunday, April 6, 2003
 En route to scene date and time 20:47:16 Sunday, April 6, 2003
 Apparatus Arrival Date and Time 20:49:13 Sunday, April 6, 2003
 Apparatus Clear Date and Time 21:02:31 Sunday, April 6, 2003
 Apparatus priority response Yes
 Number of People 4
 Apparatus Use 1
 Apparatus Type 11 - Engine
 Personnel 1 22347 - Woodruff, John S
 Position: ENG
 Personnel 2 17006 - Baker, Roger J
 Position: RT
 Personnel 3 12869 - Moffitt, Kevin W
 Position: LT
 Personnel 4 20733 - Salazar, Floyd
 Position: RT

Authority

Reported By 12869 - Moffitt, Kevin W
 13:49:29 Tuesday, April 8, 2003
 Officer In Charge -
 Reviewer -

Narratives

Narrative Name CAD Narrative
 Narrative Type CAD Narrative
 Author -
 Narrative Text CAD Event #: FAF030406006847 Type: CAR FIRE Dispo: CL Operator:
 ROEBUCK, PAUL Priority: 4 Comments: RP STATED SHE HEARD A LOUD
 BANG AND THEN THERE WAS A CAR FIRE VEH IS AT DAWSON
 WAY/WESELY AVE
 Narrative Name FE7
 Narrative Type Incident
 Narrative Date 13:49:58 Tuesday, April 8, 2003
 Author 12869 - Moffitt, Kevin W
 Author Rank LT
 Author Assignment 1

2003-0006847-000**Narratives**

Narrative Text

PE7 RESPONDED TO A REPORT OF A CAR FIRE. U/A PE7 FOUND A 1995 OLDS -AURORA W/ SMOKE COMING FROM UNDER THE HOOD.. PE7 CREW ADVANCED 1" FORRESTRY LINE. HOOD OF VEHICLE OPENED AND ENGINE COMPARTMENT WAS FULLY INVOLVED IN FLAME. FIRE EXTINGUISHED W/ FORRESTRY LINE. NO INVOLVEMENT NOTED INTO PASSENGER COMPARTMENT. RP (REDACTED) ON SCENE STATED VEHICLE BELONGED TO HDA. RP STATED HE HAD JUST LEFT HIS HOME A FEW HOUSES DOWN THE BLOCK WHEN HE AND HIS SON NOTICED SMOKE COMING FROM UNDER THE HOOD OF THE VEHICLE. RP THEN REPORTED THAT THEY EXITED THE VEHICLE AND CALLED 911. APD THAT WAS RESPONDING CANCELED. PE7 CREW ATTEMPTED TO ASSIST RP IN ROLLOING HIS VEHICLE TO THE CURB BUT WERE UNABLE TO ENGAGE TRANSMISSION. RP ADVISED TO CALL FOR A PRIVATE TOW AND TO CONTACT HIS INSURANCE COMPANY. PE7 RETURNED TO SERVICE. REPORT BY, K. MOFFITT

End of Report



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4238)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1375

Date Received

Repository

03 MAY 27 AM 9:07
20 APR 2003

Reference No.
10017667

OWNER INFORMATION (Type or Print)

Name

[Redacted]

Daytime Telephone Number

E-mail Address

Address

[Redacted]

City

SAINT LOUIS

State MO

Zip Code [Redacted]

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized agent, please provide your name and address to the vehicle manufacturer.
Signature of Owner [Redacted] 511 103

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of dashboard or driver's side

1G6KE5HYXU4288006

Make
CADILLAC

Model
DEVILLE

Model Year
1997

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders 8

Fuel Type:
Gas

Original Owner

Dealer's City
St. Louis

State
MO

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

Cruise Control

FRONT WHEEL DRIVE

073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
20-APR-2003

Failure Mileage
65,600

Failure Speed
30 mph

Fuel Rail leaked gas over front of engine, smoke, hot NO fire.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

Original Equipment
 Aftermarket

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the accident, collision, condition, and incident.)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

NONE

Number of Deaths

NONE

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING, THE CONSUMER SHELLED A STRONG GAS OOR. UPON INSPECTION, THE CONSUMER NOTICED GAS ALL OVER THE VEHICLE'S UNDERBODY. THE DEALER DIAGNOSED THE PROBLEM AS A RUPTURED FUEL RAIL. *JB

Include, if available, Police/Fire Department Report, Photos, and Repair Invoce.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 231

Date Received: 2003 JUN 24 AM 11:57
Repository:

Reference No.
10022480

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: VINTON State: IA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]
Evening Telephone Number: [REDACTED]
E-mail Address: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an [REDACTED] name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 6/17/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield: [REDACTED]

Make: OLDSMOBILE Model: AURORA Model Year: 1997

Date Purchased: 1-22-00 Dealer's Name and Telephone Number: VRT McBRATH CHEV- [REDACTED]

Original Owner: [REDACTED] Dealer's City: CEDAR RAPIDS State: IA Zip Code: 52401

Engines: No. Cylinders: 8 Fuel Type: GAS

Transmission Type: Antilock Brakes Powertrain: [REDACTED]
 Cruise Control

Vehicle Component Code: 072200 FUEL SYSTEM, GAS LINE-DELIVERY:HOSES, LINES/PIPING,
Multiple Failures: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): Failure Mileage: Failure Speed: FUEL LINES - 3 with 8 PEEK

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: Tire Model (Name or Number): Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036) Original Equipment Prior Repair Failure Location:

Tire Component Code: Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: Date Manufactured: Model No./Name:

Seat Type: Installation System:

Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).

Crash: Yes No Fire: Yes No

Number of Persons Injured: Number of Deaths: Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
Key parts repaired or replaced (and if old part is available).

THE FUEL LINE RUPTURE WHICH CAUSED GAS TO SPRY ON THE GROUND. THE VEHICLE WAS ON ITS 3RD REPAIR. *31

The fuel sprag goes on hot motor, exhaust system also on the ground. If your driving it could blow up and burn

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(es)

Car had 3 fuel lines break in two months on the car.

You can smell gas but don't see the leak because of a cover over the fuel lines. After a time the fuel splashed and fuel ran out causing all over the hot water area on the exhaust system. After you shut car off it still pumps gas out because of the 40# pressure from fuel pump.

We also talked to a person from our town that had the same thing happen on the Buick, they have

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 72173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HIGHWAY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigations, NVS-216
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

DASHDOT

and dial 1-888-227-4236

1-888-DASH-2-DOT

1-888-227-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



US Department of Transportation
National Highway Traffic Safety Administration
Washington, DC 20590



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received: 16-JUN-2003 JUL 30
Repository:
Reference No.: 10024118

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: CHICAGO State: IL Zip Code: [Redacted]
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 06/24/03 YES NO

VEHICLE INFORMATION

1997 Cadillac Deville
Make: CADILLAC Model: DEVILLE Model Year: 1997
Date Purchased: 06/03/97 Dealer's Name and Telephone Number: ETTLESON CADILLAC 708-579-5000
Original Owner: [Redacted] Dealer's City: HODGKINS State: IL Zip Code: 60525 Engine: No. Cylinders: 8 Fuel Type: [Redacted]
Transmission Type: [Redacted] Anti-lock Brakes Powertrain: 30-0
 Cruise Control
Vehicle Component Code: 073100 FUEL SYSTEM, GASOLINE; FUEL INJECTION SYSTEM; FUEL RA
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 15-MAY-2003 Failure Mileage: 82000 Failure Speed: 83455
Failed fuel rail assembly

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Model: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: D0THAL5ABC030) Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

FUEL WAS LEAKING BECAUSE THE FUEL INJECTORS RUPTURED. DEALER NOTIFIED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. ATTACH ADDITIONAL SHEETS IF NECESSARY

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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

See attached letters, receipt, repair and gas fillup.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

VEHICLE OWNER'S QUESTIONNAIRE
DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, DC 20590
http://www.dhs.gov/nhtsa

2003 JUL 25 AM 10 38

July 8, 2003

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

To Whom It May Concern:

I am highlighting the time line of pertinent events to help you understand the situation of a possible hazardous event regarding my 1997 Cadillac DeVille.

On May 14, 2003 at 7:00 p.m., I filled my gasoline tank, reset my computerized gauge to 0 miles per gallon and 0 gallons used, and drove home approximately one mile. The next day, after driving two miles to my local hardware store, I noticed liquid pouring out from the front of my car under the engine.

I drove the car home thinking it was anti-freeze and called for a tow truck. The driver of the tow truck told me to be careful that the leak was gasoline and not anti-freeze! I immediately checked the computer gauge. It registered three miles driven, 3.4 gallons of gasoline used, and 17 gallons left in the tank. Luckily, the car did not catch fire after I started the car and drove home!

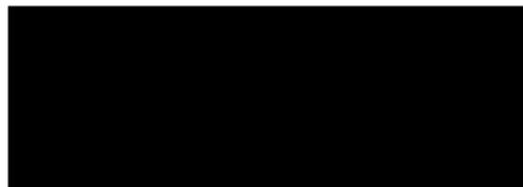
After the service department of Etteson Cadillac checked it out, they told me that the fuel rail that supplies gas to the fuel injectors had to be replaced which they did on May 16th.

After the car was repaired, I called the General Motors hot line to report this situation. The case number is 1-100120658. I was told that my car is old and things do break down.

I definitely think this situation was an extremely hazardous condition especially when I was told the fuel rail was under 80 pounds of pressure per square inch and made of nylon (per manager at Etteson Cadillac.)

I feel that I have experienced a dangerous design flaw worthy of a recall. Please check this out and notify me accordingly. Thank you for your consideration in this important matter.

Sincerely,



GO-TANE MOBIL
7311 W. ARCHER
SUMMIT IL.

DLRN 9664467
GO TANE SUMMIT
SUMMIT IL
05/14/83 18:52
ACCT#
XXXXXXXXXXXX4928 492
INVR AT31414
AUTH# 014722
PUMPR 8
SUPER+ 19.855G
SELF
PRICE/GAL. \$1.849
FUEL TOTAL \$35.23
TOTAL \$35.23

THANK YOU
COME AGAIN

-THANK YOU-

Date when fuel tank was filled.

MAURY
Ettleson
 CADILLAC • BUICK • OLDSMOBILE



6201 SOUTH LAGRANGE RD.
 HODGKINS, IL 60625-4140
 708-579-5000
 www.ettleson.com

SERVICE DEPARTMENT HOURS
 MONDAY THRU FRIDAY
 7:00 AM TO 5:00 PM

I hereby authorize the repair work herein set forth to be done along with the necessary materials and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on below vehicle to secure the amount of repairs thereto. You may not be charged any amount for postage in excess of the written estimate without your consent. You are entitled to the return of any replaced parts except when parts are required to be returned to the manufacturer under a warranty agreement. Labor is guaranteed 90 days or 4,000 miles, whichever comes first. Genuine GM replacement parts are warranted for 18 months or 12,000 miles, whichever comes first. Vehicles left over 48 hours after completion of repairs are subject to a storage charge of \$10.00 per day, subject to the terms stated above.

DATE _____ TIME _____

INVOICE TO _____ CUSTOMER INFORMATION — INVOICE# C72301
 FOR OFFICE USE _____ VEHICLE INFORMATION _____
 TAG: 0458 ADVI 933 STOUT, J INVOICED: 05/16/2003 11105123 RF 97 DEVILLE WHITE LICENSE NUMBER: IL J066E75

GRAND TOTALS

SUMMARY OF CHARGES FOR INVOICE C72301

PARTS	350.82
SUBLET REPAIRS	70.00
SHOP SUPPLIES	15.75
LAB-MECHANICAL	315.00
SUB-TOTAL	751.57
TAX	28.41
TOTAL CHARGE	779.98

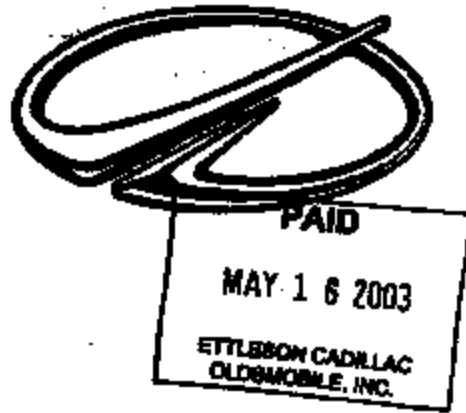


PAYMENT DISTRIBUTION FOR INVOICE C72301

TOTAL CHARGE	779.98
CASH DUE	779.98

CSI 8/00 44444 CSI 3/00 44444 CSI 7/9
 IF YOU HAVE ANY QUESTIONS - PLEASE SEE JOHN R. STOUT
 THANK YOU FOR YOUR BUSINESS! *****900 BLESS AMERICA*****

PAGE 2
 LAST PAGE



ON LINE SERVICE INVOICING BY []

TO REQUEST FORMS OR BILLING CALL 1-800-888-8488 EXT. 808



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1367

Date Received
2003 AUG -1
09-JUL-2003

Regulatory
PH 12:16
Reference No.
10026867

OWNER INFORMATION (Type or Print)

Name

Address

City

SAN JOSE

State

CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 7/1/03

VEHICLE INFORMATION

Make
CADILLAC

Model
SEVILLE

Model Year
1995

Date Purchased
9-6-98

Dealer's Name and Telephone Number
ST. CLAIR CADILLAC (408) 244-1000

Engine: V-8

Fuel Type:
GHS PREMIUM

Original Owner

Dealer's City
SAN JOSE, CA

State

Zip Code

No. Cylinders
8

Transmission Type
M4TD

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
05-JUL-2003

Failure Mileage
62,880

Failure Speed
0

FUEL RAIL.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC136)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make

Date Manufactured

Model No./Name

Seat Type

Installation System

Child Seat Component Code

Failed Part

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident, accident, crash, and injury.)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).

WHILE DRIVING CONSUMER SMELLED FUEL. FUEL RAIL DEVELOPED A LEAK, AND THE FUEL LEAKED ALL OVER THE ENGINE COMPARTMENT.*AK

I AM ENCLLOSING A COPY OF THE DEALERS WORK SHEET + INVOICE

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

THE FUEL RAIL CROSS OVER PIPE BETWEEN THE FUEL ELECTROPS DEVELOPED A PRESSURE
FUEL LEAK AS A RESULT FUEL SPILLED ONTO THE ENGINE. I TELEPHONED GM
ABOUT THE PROBLEM. THE CLAIMED THEY HAD NO RECORD OF A PROBLEM WITH THE
FUEL RAIL. WHEN I PICKED UP MY CAR FROM THE DEALER I SAW THEY HAD
NOT INSTALLED THE IDENTIFY N. PART. ACCORDING TO THE DEALER GM HAD CHANGED
THE PART ALLEGELY BECAUSE THEY WERE HAVING PROBLEMS WITH THE FUEL RAIL
IF MY WIFE HAD NOT SMELLED THE LEAKING GAS THERE WOULD HAVE BEEN AN
EXPLOSION AND ENGINE FIRE. THE RESULTING EXPLOSION AND FIRE WOULD
HAVE POSSIBLY INJURED MY WIFE AND MUST CERTAINLY DESTROYED THE
CAR.

I HAVE RETAINED THE PART.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 79173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NHTL, HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



US Department of Transportation
National Highway Traffic Safety
Administration
http://www.safercar.gov



DOT Auto Safety Hotline
(DASH) 2 DOT

1-888-DASH-2-DOT
1-888-327-4238

and dial toll free at

DASH2DOT

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DOT AUTO SAFETY HOTLINE

**VEHICLE
OWNER'S
QUESTIONNAIRE**

A2461

332784



St. Claire



CADILLAC-OLDSMOBILE

INVOICE



3777 STEVENSON CREEK BLVD. SANTA CLARA, CA 95051 TELEPHONE (408) 244-1000 PARTS DIRECT: (408) 247-1210 FAX: (408) 244-1224 CAD 00708828

SAN JOSE, CA 95125 HOME:

PAGE 1

BUS:

SERVICE ADVISOR: 194 THOMAS SACCO

W.DIAN.	95	CADILLAC SEVILLE	1G6KY5298SU822554	4DUR863	62890/62893	T32DC
IN SVC. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	PAYMENT	INV. DATE
31JUL1995			17:00 07JUL03		CASH	11JUL2003

OPTIONS: STK:A2461 1)WESTERN NAT'L 2)9869945 3)84/100 4)100DD

LINE	ORCODE	TECH	TYPE	HOURS	LIST	RET	TOTAL
------	--------	------	------	-------	------	-----	-------

A CHECK AND ADVISE THERE IS A FUEL LEAK AT INTAKE MANIFOLD UNDER THROTTLE BODY CUSTOMER APPLIED TAPE TO SLOW DOWN LEAK ADVISE ON NEEDED REPAIRS

S13 REPLACED LEAKING FUEL RAIL ASSEMBLY AND RELATED SEALS

579	CC				592.95	592.95
1	17113218	RAIL-INJC		210.86	210.86	210.86
1	17113199	F-SEAL-FUEL		17.03	17.03	17.03
1	12378392	CLEANER		7.95	7.95	7.95

B CHECK AND ADVISE CUSTOMER STATES THERE IS A RATTLING TYPE NOISE FROM ENGINE AREA NOTED IN WATER PUMP AREA ON DRIVE

S17 REPLACED FAILED WATER PUMP, WATER PUMP BELT AND SEAL

579	CC				443.95	443.95
1	88894344	W-PUMP KIT		74.97	74.97	74.97
1	12378560	COOLANT		16.57	15.00	15.00
1	12573948	GASKET		10.29	10.29	10.29
1	12570499	BELT-W/PM		12.53	12.53	12.53

C CUSTOMER REQUEST TO CHECK ALL REAR LAMPS AND ADVISE ON NEEDED REPAIRS

S14 REPLACED FAILED TAIL LAMP BULBS

579	CC				48.00	48.00
1	142456	BULB, 12 V		2.96	2.96	2.96
1	9438848	BULB		2.72	2.72	2.72

EST: 305.00 07JUL03 09:35 SA: 194

ALLI

St. Claire CADILLAC OLDSMOBILE



ORIGINAL ESTIMATE:	AUTHORIZED REVISED ESTIMATE:	DESCRIPTION	TOTALS
		LABOR AMOUNT	
		PARTS AMOUNT	
		GAS, OIL, LUBE	
		TAXES AMOUNT	
		HAZARDOUS WASTE DISP.	
		TOTAL CHARGES	
		LESS INSURANCE	
		SALES TAX	
		PLEASE PAY THIS AMOUNT	

I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATE PRICE.

CUSTOMER INITIAL

X

I ACKNOWLEDGE RECEIPT OF VEHICLE AND I HAVE RECEIVED A COPY OF THIS INVOICE.



FOR YOUR CONVENIENCE OUR SERVICE DEPARTMENT HOURS: MONDAY THRU FRIDAY 7:00 A.M. TO 6:00 P.M. NO VEHICLES RELEASED AFTER SERVICE HOURS UNLESS FROM ARRANGEMENTS ARE MADE.

OUR CASHIER HOURS ARE: MONDAY THRU FRIDAY 7:00 A.M. TO 6:00 P.M.

ALL PARTS ARE NEW UNLESS OTHERWISE SPECIFIED.

CUSTOMER COPY

3327

St. Clair Cadillac

CUSTOMER # [REDACTED]

WORKORD

Tom Sacco
Service Advisor

PAGE 1

HOME [REDACTED] BUS: [REDACTED]

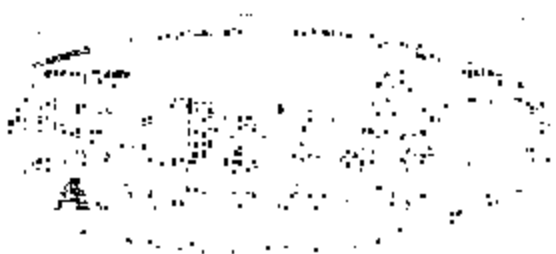
3737 Stevens Creek Boulevard, Santa Clara, CA 95051
Main: 408/244-1000 • Direct: 408/551-2042 • Cell: 408/590-2164
Fax: 408/244-8135 • www.stclaircadillac.com

SERVICE A1

N. DIAM.	95	CADILLAC SEVILLE	1G6KY5298S0B22554	410UR863	62890/	T320C
IN SERVICE DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	PAYMENT	INV. DATE
31 JUL 1995			17:00 07 JUL 03		CASH	
R.O. OPENED		DATE CUST. NOTIFIED		OPTIONS: STK:A2461 1) WESTERN NAT'L 2) 9869945		
07 JUL 2003 09:35				3) 84/100 4) 100DED		

LINE OF CODE	TECH TYPE	DESCRIPTIONS/INSTRUCTIONS
# A S13	CC	CHECK AND ADVISE THERE IS A FUEL LEAK AT INTAKE MANIFOLD UNDER THROTTLE BODY CUSTOMER APPLIED TAPE TO SLOW DOWN LEAK ADVISE ON NEEDED REPAIRS
# B S17	CC	CHECK AND ADVISE CUSTOMER STATES THERE IS A RATTLING TYPE NOISE FROM ENGINE AREA NOTED IN WATER PUMP AREA ON DRIVE
# C S14	CC	CUSTOMER REQUEST TO CHECK ALL REAR LAMPS AND ADVISE ON NEEDED REPAIRS

Preliminary Estimate : \$305.00



THIS IS NOT AN INVOICE

BY LAW, YOU MAY CHOOSE ANOTHER LICENSED SMOG CHECK FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY.

I hereby authorize the work work listed on this to be done with the necessary material and agree that you are not responsible for any damage caused by unavailability of parts or delays in parts shipments by the supplier or manufacturer. I hereby agree that under your employment provisions to transfer the vehicle being classified as street, highway or elsewhere for the purpose of testing under inspection. An express disclaimer of this is hereby acknowledged on the driver vehicle to obtain the amount of repair estimate. Amount of vehicle described herein for repair or otherwise is hereby acknowledged by dealer. I hereby agree to be notified that the said company is not licensed or authorized to the amount of stated work unless stated, or otherwise, by the undersigned dealer system less mentioned by work. We or ourselves verify the primary contact with the dealer. Customer retains an interest of personal property, have been left in the vehicle, and the dealer is not responsible for inspection, repair. Customer will be responsible for payment of reasonable attorney fee and costs in the event suit is brought for violation.

PRELIMINARY ESTIMATE \$ [] WHICH INCLUDES A HAZARDOUS WASTE DISPOSAL FEE OF \$ []

AUTHORIZED BY: X _____
TERMS: CASH OR APPROVED CREDIT CARDS UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.

ALL PARTS REMOVED WILL BE DISCARDED UNLESS OTHERWISE REQUESTED PRIOR TO BEGINNING WORK. I REQUEST THAT PARTS BE SAVED.

SAVE PARTS _____

ALL PARTS ARE NEW UNLESS OTHERWISE SPECIFIED.

DATE	TIME	PHONE#	AUTHORIZED BY	ADDITIONAL AMOUNT	REVISED TOTAL

BAR # AG-123924 CAD 007988629

CUSTOMER COPY



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-337-4286)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY Z31

Date Received

2003 SEP -2 AM 11:14
30-SEP-2003

Repository

Reference No.
10031346

OWNER INFORMATION (Type or Print)

Name

Address

CITY HAMILTON

State IL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make
OLDSMOBILE

Model
AURORA

Model Year
1987

Date Purchased

Dealer's Name and Telephone Number

Engine:
Nos Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

114100 ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD

Multiple Failure:

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

20

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make:

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOT1M5A8C036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER NOTICED THE TWAIBLE TRAVELING 20-25 MPH AND WITHOUT ANY INDICATION VEHICLE CAUGHT ON FIRE . FIRE DEPARTMENT PUT FIRE OUT. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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 be an appropriate entity 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.

Additional information.. Our 1997 Aurora Oldsmobile was purchased new by us in 1997 and had about 70,000 miles on the Odometer. On July 22,2003 I thought I smelled gasoline in the garage where the car and a pickup truck was stored. I could not find any leak and thought it was my imagination. The next day my wife drove the car about four mile across the Miss. River from IL. To IA . and made one stop while shopping and restarted the car and headed to another store a few blocks away in a business district, about twenty miles an hour, when all of a sudden their was an explosion under the hood and fire and smoke shot out of the hood. She stopped the car and got out and ran from the burning vehicle. The Keokuk, IA fire department came and put out the fire. The car was considered a total loss by the Insurance Co.

I reported the incident to your agency at the urgency of our mechanic. Your office gave me the telephone of Customer service of General Motors. I called 1-800-854-6011- Ext. 7244 and talked to Lotosha Hawkins about the incident. The Claim # 1-123018702. General Motors sent a man by the name of Chuck Fisher from St. Louis, MO to examine the car. Ms., Hawkins called me about Aug. 15, 2003 that General Motors could not find the cause of the fire and they were not responsible.

We had friends with an Aurora who had to replace the Rail in thir engine which was leaking and our mechanic informed us that he had to replace the rail in two Aurora's that were leaking recently. I feel their should have been a recall of this vehicle but General Motors claims they are not responsible.

We consider ourselves lucky that my wife was not injured in this fire and wonder what would have happened if this occurred in the garage when starting the car.

I hope this explains our problem in a little more detail. Needless to say we did not purchase another General Motors Product.



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4238)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

Repository

18-AUG-2003

Reference No.
10094111

2003 OCT -1 PM 10:45

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: LOGAN State: IL Zip Code: [REDACTED]

Daytime Telephone Number
217 396 2622

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an owner signature, NHTSA will provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 8/28/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G6KS52Y8VUA292A9
Make: CADILLAC Model: SEVILLE Model Year: 1997
Date Purchased: 1998 Dealer's Name and Telephone Number: SHIELDS Auto Mart 217-379-2773 Engine: No. Cylinders: 8 Fuel Type: Premium
Original Owner: Dealer's City: PONTIAC IL. State: IL Zip Code: 60957
Transmission Type: AUTOMATIC Antilock Brakes Powertrain: NORTHSTAR 3.2VALVE
 Cruise Control Vehicle Component Code: 073100 FUEL SYSTEM, GASOLINE; FUEL INJECTION SYSTEM; FUEL RA
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 07-AUG-2003 Failure Mileage: 106877 Failure Speed: All speeds including idle Fuel Rail

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: G0THA18ABC036) Original Equipment Aftermarket Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition, and injury(ies).)

Crash: Yes No Fire: Yes No Number of Persons Injured: [REDACTED] Number of Deaths: [REDACTED] Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, its parts repaired or replaced (and if old part is available).

FUEL RAIL LEAKED. DEALER STATED RAIL WAS INSTALLED BACKWARDS. *AK

FUEL RAIL developed LEAK in heat ^{shrinking} tubing CAUSING FIRE HAZARD AND DANGEROUS FUMES IN DRIVER AND PASSENGER COMPARTMENT. NO ONE EXCEPT CADILLAC OR GM DEALERS HAVE EVER WORKED ON VEHICLE ENGINE OR GAS LINES + COMPONENTS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

TOOK CAR TO GARAGE FOR GAS SMELL. THE MECHANIC SHOWED ME A HIGH PRESSURE LEAK IN FUEL RAIL. I WAS TOLD AT THAT TIME THAT THE VEHICLE COULDN'T BE DRIVEN UNTIL REPAIRED BECAUSE A SPARK OF ANY KIND WOULD EXPLODE THE VEHICLE LIKE A BOMB. I WAS ALSO TOLD THE PART WOULD BE IN THE NEXT DAY. IT FINALLY CAME OFF HACK ORDER 5 DAYS LATER. I ASK ABOUT OTHER VEHICLES MAYBE HAVING THE SAME TROUBLE BECAUSE OF THE LONG BACK ORDER. THE MECHANIC SAID HE HAD CHANGED ONE OTHER FUEL RAIL WITH THE SAME PROBLEM.

I THINK THIS PROBLEM SHOULD BE INVESTIGATED BEFORE SOMEONE IS INJURED OR KILLED. I KEPT THE DAMAGED FUEL RAIL IF IT COULD HELP IN AN INVESTIGATION OF ANY KIND I WOULD CONSIDER GIVING IT UP. CADILLAC REFUSED REQUEST FOR HELP WITH COST BECAUSE OF OTHERS. INFORMED THEM THOUSANDS OF THEIR 1997'S WOULD SOON HAVE HIGH MILEAGE PROBLEMS.

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St. S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 78173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NHTL HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20580

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



VEHICLE
OWNER'S
QUESTIONNAIRE
DOT AUTO SAFETY HOTLINE



DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) & DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100147

Date Received: 2003 SEP 12 PM 1:28
19-AUG-2003
Repository:
Reference No.: 10034156

OWNER INFORMATION (Type or Print)

Name: _____
Address: _____
City: BEAVERTON State: OR Zip Code: _____

Daytime Telephone Number: _____
Evening Telephone Number: _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 1G6K054YXVU277610
Make: CADILLAC Model: DEVILLE Model Year: 1997
Date Purchased: 6/10/83 Dealer's Name and Telephone Number: KJWI CAD - 6036431543
Original Owner: Dealer's City: Beaverton State: OR Zip Code: 97007
Engine: 6 Cylinders Fuel Type: GAS
Transmission Type: Antilock Brakes Powertrain: _____
 Cruise Control
Vehicle Component Code: 073100 FUEL SYSTEM, GASOLINE; FUEL INJECTION SYSTEM; FUEL RA
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 15-MAY-2003 Failure Mileage: 62,000 Failure Speed: N/A
Failed Component(s): FUEL RAIL

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTFAL5ABC036) Original Equipment Aftermarket Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Check one in each of the following categories and identify.)

Crash: YES NO Fire: YES NO
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: N

Brief Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHEN STARTING VEHICLE CONSUMER SMELLES GAS FROM THE ENGINE. CONSUMER STATES THAT FUEL RAIL IS LEAKING AND DUMPING FUEL ON ENGINE. CONSUMER HAS CONTACTED THE DEALER. *AK

this is a serious problem & should be holdover ASAP - a safety issue - CADILLAC is well aware of this, lots of cars of this era i.e. 94-97 are having this trouble

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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536729

From: Young, Beverly <NHTSA>, Jimenez, Alberio <NHTSA>, ...
To: Young, Beverly <NHTSA>, Jimenez, Alberio <NHTSA>, ...
Date: Mon, Jun 8, 1998 9:51 PM
Subject: WWW VOQ Submission

VEHICLE OWNER'S QUESTIONNAIRE

Submission Time: June 8, 1998 09:51:49PM

OWNER INFORMATION

NAME: J
ADDRESS:
Apartment
Pembroke Pines, Fl [REDACTED]

TELEPHONE:
EMAIL:

Have NHTSA send signature card for authorization: Yes

VEHICLE INFORMATION

VIN: 1G0KY52963U805851
MAKE: Cadillac
MODEL: Seville S.T.S
YEAR: 1995

ODOMETER: 37,500
PURCHASE DATE: 05/26/98
NEW OR USED: Used

DEALER NAME: University Cadillac
ADDRESS: Pembroke Pines, Fl 33025

ENGINE SIZE:
CYLINDERS: 8

FUEL INJECTION: on
TURBO:
FUEL TYPE:
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes
DRIVETRAINE: Front
DRIVER AIRBAG: on
PASSENGER AIRBAG: on
3-POINT BELT: on
MOTOR BELT:
2-POINT BELT:
BODY STYLE: 4-Door

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT:**PART NAME(S):** Totally burned out**LOCATION:****NUMBER OF FAILURES:****DATE(S) OF FAILURES:** Car burned on Turnpike**MILEAGE AT FAILURE(S):** 37,600**SPEED AT FAILURE(S):** 60**MANUFACTURER CONTACTED:** Yes**NHTSA CONTACTED:** No

APPLICABLE ACCIDENT INFORMATION**ACCIDENT:****FIRE:** No**DRIVER SIDE AIRBAG DEPLOYED:****PASSENGER SIDE AIRBAG DEPLOYED:****NUMBER OF PERSONS INJURED:****NUMBER OF FATALITIES:****ESTIMATED PROPERTY DAMAGE:** Total**REPORTED TO POLICE:** Yes

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)**DOT NUMBER:****TIRE MANUFACTURER:****TIRE NAME:****TIRE SIZE:**

ADDITIONAL COMMENTS

Driving on Turnpike going South toward Miami Florida, after paying the toll, the volume control of my radio kind of fade out...and then checking in the mirrors I find out my car was totally on fire. Stopped the car, call 911, F.H.P arrived, Fire truck showed after 15 minutes, car was totally destroyed. Car is back at Dealership, waiting on Insurance appraisal.

COPIED



Posted

AUTO SAFETY NOTICELINE

U.S. Department of Transportation
National Highway Traffic Safety Administration

VEHICLE OWNER'S QUESTIONNAIRE

NATIONWIDE 1-800-434-9343
DC METRO AREA 300-0123

REFERENCE NO.

552603

FOR AGENCY USE ONLY

RECEIVED

00 JUN 12 PM 2:53

OWNER INFORMATION (TYPE OR PRINT)

LAST NAME

FIRST NAME & MIDDLE INITIAL

OFFICE DEFECTS DIVISION (Model)

Work Home

STREET ADDRESS

CITY

Niles

STATE

IL

SIGNATURE OF OWNER

DATE

6-5-00

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.*

VEHICLE MAKE & MODEL

MODEL YEAR

1G64K97Z9115008729670

Cadillac Seville STS

1995

CURRENT ODOMETER READING

DATE PURCHASED

DEALER'S NAME, CITY, & STATE

ENGINE SIZE (CID/CC/LI)

TURBO

68000

2/96

Brown Brothers Louisville Ky

NO. CYLINDERS 8

DIESEL

GAS
 FUEL INJECTED

TRANSMISSION TYPE
 MANUAL
 AUTOMATIC
 3 4 5 (Speed)

CRUISE CONTROL
 Yes No

POWER STEERING
 Yes No

POWER BRAKES
 Yes No

AIR CONDITIONED
 Yes No

BODY STYLE
STAWAG
2 DR

HATCH BK
VAN
CK UP TRK
OTHER

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

COMPONENT/PART NAME(S)

LOCATION

FAILED PART(S)

Star

Left Right
 Front Rear

ORIGINAL
 REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

MILEAGE(S) AT FAILURE(S)

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER CONTACTED

YES NO

NHTSA PREVIOUSLY CONTACTED

YES NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT

FIRE

NUMBER PERSONS INJURED

NUMBER OF FATALITIES

PROPERTY DAMAGE (Est.)

POLICE REPORT FILED

YES NO

YES NO

YES NO

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

See Attached letter

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.



CROWN ENGINEERING CO. INC.

REGISTERED ELECTRICAL CONTRACTORS *Established 1949*
Industrial & Commercial Consultants • Engineers • Layout

5875 W. Howard Street, Niles, Illinois 60714 • 847-847-7400 • Fax 847-847-1541

June 6, 2000

G. Richard Wagner Jr.
CEO
General Motors Corporation
100 Renaissance Center
Detroit, MI 48265-1000

Re: File #C00323090

Dear Sir:

Pursuant to the attached information, please be advised that this letter was faxed on April 26, 2000 to John F. Smith Jr. with no response from him. In order to expedite the repair we have contacted our insurance company and the car is now at Napleton Cadillac in Park Ridge Illinois.

General Motors personnel denied this claim with no valid reason. We are pursuing this claim because we feel this is a warranty item and should be covered as such. This situation has created hardship and inconvenience in many ways. We look to you for a fair settlement of this matter which has so far been denied us. Grossinger Cadillac in Lincolnwood Illinois has also been unable to furnish us with requested service records.

Sincerely,

Jean Olenick PE, President Crown Engineering Co., Inc.

JO:sm
/cad

CC: Lonny Greenwald
General Motors Corp.
100 Renaissance Center
Detroit, MI 48265-1000

Department of Transportation
400 Seventh St. SW
Washington, D.C. 20590

Federal Trade Commission
Sixth & Pennsylvania Avenues NW
Washington, D.C. 20580

Roberta Cole
Attorney at Law
180 N. LaSalle St. #2025
Chicago, Illinois 60601

Environmental Protection Agency
401 M Street SW
Washington, D.C. 20460

US Dept. of Transportation
National Highway Traffic Safety Admin.
Auto Safety Hotline NEF - 11 - HL
400 7th St. SW
Washington, D.C. 20590

Scheer's Incorporated
1023 W. 55th Street
Countryside, Illinois 60525



CROWN ENGINEERING CO. INC.

REGISTERED ELECTRICAL CONTRACTORS Established 1949

Industrial & Commercial Consultants • Engineers • Layout

5675 W. Howard Street, Niles, Illinois 60714 • 847-647-7400 • Fax 847-647-1611

April 26, 2000

John F. Smith, Jr.
100 Renaissance Center
Detroit, MI 48265-1000

Dear Sir:

I have a 1995 Cadillac Seville STS which caught on fire in my garage on April 17, 2000.

The VIN # is 1G6KY5291SUB829670.

Vehicle has an extended warranty to 75,000 miles. Currently it has 68,000 plus miles on it.

Vehicle is owned by Crown Engineering Co., Inc. at 5675 W. Howard Street, Niles Illinois 60714 ; 847-647-7400.

About 6:50 p.m. on April 17, 2000, I smelled smoke in my house (my house and garage are connected by an enclosed passageway). I went into the garage and saw smoke coming from the hood of the car. I carefully opened the hood and saw flames under the hood on the driver's side. I closed the hood and called the fire department and asked if I could use a fire extinguisher. They said I could if I was careful. I then extinguished the fire. The fire department arrived a few minutes later and sprayed water under the hood to insure that the fire was out.

The car was then towed to Grossinger Cadillac in Lincolnwood, Illinois the evening of April 17, 2000.

On Tuesday, April 18, 2000, Mike Hubbard from the service department left a message saying they could find no reason for the fire starting.

On April 19, 2000, my husband was called at his office by Mike Hubbard who said that a General Motors representative said that General Motors would repair the car and pay for the rental car 100%. He also stated that the cause of the fire was due to a short in the ABS system.

I have had problems with having Grossinger's service department correctly repair things. I often have to take my car in several times until they get things right.

The situation which I describe may or may not be related to the fire but should certainly be explored. On or about March 23, 2000 my daughter was driving the car and the "Traction disabled" message came on along with the "red anti-lock brake light". She pulled over, called me and I called Richard Ravenscraft at Grossinger (847-745-4339). He told me it was okay to drive the car...this was not a safety issue.

On March 28, 2000 I took the car to Grossinger to repair the above problem and have the oil changed.

On March 29, 2000 I drove the car about 100 miles to Wisconsin and the "Traction disabled" message and the "red anti-lock brake light" came on again. I called Rich Ravenscraft again and he told me not to worry...this was not a safety issue. I told him I might not be able to bring the car in again until after April

17, 2000 and he said that was fine. I also noticed that when Grossinger changed the oil they did not re-set the computer to 100% oil life. It still said 25% oil life.

A few months before this, my daughter was driving and the car overheated. She pulled off the road. The car was towed to Grossinger. When I picked the car up, the overheated message came on again after being driven about eight minutes. I returned the car to Grossinger. The next day they told me the mechanic forgot to add coolant after the repair was completed.

Today, April 21, 2000, I called 1-800-445-8006 and talked to Annia. She wrote a report, called Grossinger and told me this would be handled by the par department and they would contact me next week. She also said I had to call my insurance company and that Cadillac would not pay for my rental and may not pay for the repairs due to the fact that the Chicago Fire Department was called to extinguish the fire.

My car could have exploded. My house could have exploded. My family and my pets could have been killed. I spent \$1,700.00 on this extended warranty and all I am getting is a run-around.

Does General Motors stand behind its product?

I am driving a rental vehicle which is a far cry from a Cadillac.

My daughter has no car to drive because she is too young to drive the rental. I am extremely upset by this situation and am still having nightmares about my house exploding.

Although we never received a recall notification regarding this model and year car, I would like to know if this is an inherent problem with this model.

After the par General Motors representative view the car, I am having it towed to Napleton Cadillac in Park Ridge, Illinois to have the repairs done. I do not feel confident that Grossinger can properly repair this car so that it is safe to drive.

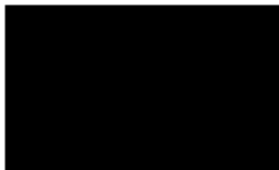
1. Service records are enclosed.
2. Phone conversations can be confirmed by car and home phone records if necessary.

I have primarily had my car serviced at Grossinger but have only had it serviced at two other Cadillac dealerships. Once at Napleton in Park Ridge Illinois and several times at Quantal Cadillac in Lexington Kentucky. My choice of Grossinger was strictly due to convenience. They are thirty minutes from my house but still the closest dealership.

My husband's motorcycle was in the garage at the time of the fire and is covered with soot and needs to be professionally cleaned.

A quick response would be greatly appreciated.

Sincerely,



JO:sm

/ead1

CC: Ms. Roberta Cole
Attorney at Law
180 N. LaSalle Street # 2025
Chicago, Illinois 60601

Ms. Charlene Blaszc
Scheer's Incorporated
1023 W. 55th St.
Countryside, Illinois 60525



COPIED AUTO SAFETY HAZARD
VEHICLE OWNER'S QUESTIONNAIRE

NATIONWIDE 1-800-424-8303
 DC METRO AREA 308-0123

563994

FOR AGENCY USE ONLY

REFERENCE NO.

DATE RECEIVED

OWNER INFORMATION (TYPE OR PRINT)

LAST NAME [REDACTED]	FIRST NAME & MIDDLE INITIAL [REDACTED]	TELEPHONE NO. (Area Code) Work (612) 688-3139 Home (612) 698-8401
STREET ADDRESS [REDACTED]	CITY ST PAUL	STATE MN
SIGNATURE OF OWNER [REDACTED]		DATE 11/23/01

VEHICLE IDENTIFICATION NO. 1 3 3 R 6 2 C X 5 4 1 0 5 7 2 2	VEHICLE MAKE & MODEL OLds Avora	MODEL YEAR 1995
---	------------------------------------	--------------------

CURRENT ODOMETER READING 90000	DATE PURCHASED [REDACTED]	DEALER'S NAME, CITY, & STATE Kuehl Motors, Inc Madison, MN	ENGINE SIZE (CID/CC/L) NO. CYLINDERS	<input type="checkbox"/> TURBO <input type="checkbox"/> DIESEL <input type="checkbox"/> GAS <input type="checkbox"/> FUEL INJECTED
TRANSMISSION TYPE <input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTOMATIC <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (Speed)	CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	POWER STEERING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	POWER BRAKES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AIR CONDITIONED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			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	DATE(S) OF FAILURE(S)	MILEAGE(S) AT FAILURE(S)	VEHICLE SPEED AT FAILURE(S)	MANUFACTURER CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICABLE ACCIDENT INFORMATION					
ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE (Est.) \$ Turned	SAFETY REPORT FILED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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

10/20/01 - Approximately 9:30 AM, drove 2 mi to my grandsons home (who was in the car with me - 8 yrs old), we both smelled gas in the car at the time. Arrived at 1399 Murray St (his home) uneventfully, dropped him off, instructed him to go into the house, which he reluctantly did, because he SAID smoke was under the car. I attempted to drive away, but couldn't because I could not get enough gas to move the auto, even though

The Privacy Act of 1974
 Public Law 93-502

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.

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

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* 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)

I worked the accelerator up & down. Finally, I gave up, turned off the motor, got out of the car, stood by the drivers door wondering what I should do next. I noticed a box of Kleenex in the back seat that my grandson had thrown there. I opened the back seat to get the Kleenex, and an explosion blew up at me. I was unhurt except for some 1st degree burns on my face, hair, & hands & clothes. At that point the car was on fire, we called 911 & the fire dept came & put out the fire. My grandson & daughter-in-law saw the whole thing from their living room window. My daughter-in-law called 911. Explosion and fire about 10:45 AM.

[REDACTED] 11/23/01

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



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 TRAFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Auto Safety Hotline, NEF-11 HL
400 7th Street, SW
Washington, DC 20590



U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received

RECEIVED

03 FEB - 6 AM '03

OFFICE
DEFECTS INVESTIGATION
 Od_or _____
 R_ch _____
 Od_r _____
 up_lr _____

Reference No.

10008697

OWNER INFORMATION (Type or Print)

Name

Street No.

Apt. No.

City

State

Zip Code

Daytime Telephone Number

N. Augusta

SC

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/24/03

PRODUCT INFORMATION

Vehicle Identification No. (VIN)
(17 Digits)(Located at bottom of
windshield on driver's side)

Make

Model

Year

1G3GR62C9V4127666

Oldsmobile

AURORA

1997

Purchased Date

12/26/00

Dealer's Name

Johnson Motor Company

Engine Size
(CID/CCL) Turbo Diesel Gas Fuel Injection New Used

Dealer's City

Augusta, Georgia

State

GA

Zip Code

30901

No. Cylinders

8

Manufacture Date
(on driver's door or pillar)

7/17/97

Transmission Type

 Manual Automatic

Restraint System

 Driver's Air Bag Motorized Passenger's Air Bag 2-Point Belt 3-Point Belt

Cruise Control

 Yes No

Drivetrain

 Front Rear 4-Wheel

Vehicle Type

 Car Van Other Sport Utility Truck Motorcycle

Body Style

 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)

FUEL RAIL

Location

 Left Front Right Rear

Failed Part(s)

 Original Replacement

Handicap Adaptive Equip

 Yes No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand

Tire Name

Complete Tire Size

No. of Failures

Date(s) of Failure(s)

Mileage at Failure(s)

Vehicle Speed at Failure(s):

Failed Part(s)
Available? Yes NoNHTSA Previously
Contacted? Yes No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

0

Number of Fatalities

0

Reported to Manufacturer

 Yes No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

I, Sherry Sneed, while cranking engine on 12/30/02, heard a loud explosion underneath hood and smoke belled out from underneath the hood. Car jolted when this explosion took place.

I turned off ignition, got out of the car and backed off and lifted garage door in case car exploded. When smoke died down, I lifted the hood of car and vehicle was taken to

North Augusta Tire and Auto for repair. It was determined that the fuel rail had failed

and had caused gasoline explosion. Fire extinguished itself. Part was replaced and part that was replaced is available.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

NORTH AUGUSTA AUTO SERVICE
429 GEORGIA AVE
NORTH AUGUSTA, SC. 29841
Phone - 803-276-0082 Fax - 803-441-0109

INVOICE
001813

INVOICE

Work Completed Date : 01/02/2003

Print Date : 01/03/2003

██████████
 NORTH AUGUSTA, SC ██████████
 Office ██████████ — PAGER ██████████ Ext ██████████
 Cust ID : ██████████

1997 Oldsmobile - Aurora
 4L, V8, VIN (C)
 Lic #: ██████████ Odometer In : 70455
 Unit #: ██████████
 Vin #: 1G3GR82C9V4127888
 Hist #: ██████████ Ref #: ██████████

Part Description / Number	Qty	List	Extended	Labor Description	Extended
FUEL RAIL ASY 17113210	1.00	198.41	198.41	CHECK FOR LOUD POP AND SMOKE IN ENGINE COMPARTMENT	227.50
FUEL PRESSURE REGULATOR 17113346	1.00	69.31	69.31	R&R FUEL RAIL AND FUEL PRESSURE REGULATOR	
INI O-RING SEAL KIT 212093	8.00	1.72	13.76	OIL CHANGE SERVICE AND LUBE	8.00
OIL FILTER M-159	1.00	5.00	5.00	Hazardous Materials	2.00
ENGINE OIL MO-1	8.00	1.60	12.80		
Shop Supplies		10.00	10.00		
<i>\$281.48</i>					


Current Estimate	\$ 565.34	Additional Cost	Revised Estimate	Labor:	\$237.50
				Parts:	\$308.28
				Sublet:	\$0.00
				Sub:	\$548.78
				Tax:	\$18.58
				Total:	\$585.34
				Bal Due:	\$585.34


3560

OPEN M-F 8:00 AM TO 6:00 PM

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on street, highways or elsewhere for the purpose to testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto. Warranty on parts and labor is one years or 12,000 miles whichever comes first. Warranty work has to be performed in our shop & cannot exceed the original cost of repair.

SIGNATURE..... Date..... Time.....

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 258 Date Received 07-OCT-2000 Od_or rt_of ed_rt up_lr Reference No. 733663 Work Number Home Number	
OWNER INFORMATION (Type or Print) 848376 RALEIGH NC			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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>(Located at bottom of windshield on driver's side)</small> 1G3GR62C7S4110814	Vehicle Make OLDSMOBILE	Vehicle Model AURORA	Vehicle Year 1995 Current Odometer Reading
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCA) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input 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 type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
			Body Style <input checked="" 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 08130009	Part Name(s) FUEL:FUEL LINES FITTINGS AND 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 Failures	Date(s) of Failure(s) 11-JUL-2000 Mileage at Failure(s) 96516 Vehicle Speed at Failure(s) 0	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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0
		Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
HOT FUEL SPRAYED IN ENGINE COMPARTMENT, IN LARGE AMOUNTS, AT HIGHWAY SPEEDS			
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.			

 <p>Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire</p> <p>NATIONWIDE 1-800-424-8393 DC METRO AREA (202) 368-0123 INTERNET: http://www.nhtsa.dot.gov</p>		<p>FOR AGENCY USE ONLY 258</p> <p>Date Received 08-JAN-2001</p> <p>Od_or _____ Yr_of _____ Mdl_of _____ Yr_of _____</p> <p>Reference No. 738893</p>				
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>						
<p>OWNER INFORMATION (Type or Print)</p> <p>685903</p>		<p>Work Number _____ Home Number _____</p>				
<p>GROVE CITY PA</p>						
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>						
<p>Signature of Owner _____</p>		<p>Date ___/___/___</p>				
VEHICLE INFORMATION						
<p>Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small> 1G3GR62C984129912</p>		<p>Vehicle Make OLDSMOBILE</p>	<p>Vehicle Model AURORA</p>	<p>Vehicle Year 1995</p>	<p>Current Odometer Reading</p>	
<p>Purchase Date 01-MAY-2000</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Dealer's Name _____ City _____ State _____ Zip Code _____</p>		<p>Engine Size (CID/CCL) 4L</p> <p>No. Cylinders _____</p> <p><input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection</p>			
<p>Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>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</p>	<p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p>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</p>
FAILED COMPONENT(S)/PART(S) INFORMATION						
<p>Component 85312000</p>	<p>Part Name(s) FUEL:FUEL INJECTION:UNKNOWN TYPE:LIME:HOSE</p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	
<p>No. of Failures 1</p>	<p>Date(s) of Failure(s) 01-OCT-2000 Mileage at Failure(s) 80000 Vehicle Speed at Failure(s)</p>		<p>Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
APPLICATION INCIDENT INFORMATION						
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)						
<p>Crash <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
<p>THE HEAT SHRINK FUEL LINES CONNECTING THE FUEL INJECTORS DEVELOPED A PIN HOLE LEAK AND SPRAYED FUEL INTO THE ENGINE COMPARTMENT. I REPLACED THE BAD SECTION OF THE FUEL RAIL LINE THE FIRST TIME AT 80,000 MILES. THE SECOND TIME HAPPENED YESTERDAY WITH A PIN HOLE LEAK IN ANOTHER SECTION OF THE HEAT SHRINK TUBING OF THE FUEL RAIL CONNECTING THE INJECTORS. IT AGAIN SPRAYED FUEL INTO THE ENGINE COMPARTMENT UNTIL I SMELLED THE GAS INSIDE THE CAR. THESE DEFECTS SEEM TO ME TO BE VERY DANGEROUS, AND SINCE IT HAS HAPPENED TWICE TO ME, I THINK THE FUEL LINE MATERIAL IS DEFECTIVE AND NEEDS TO BE RECALLED. I</p>						
<small>CONTINUE ON BACK IF NEEDED</small>						
<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>						



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9383
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

24-APR-2001

Od_or _____
rt_dt _____
pd_rt _____
up_itr _____

Reference No.

744494

OWNER INFORMATION (Type or Print)

889061

ORLANDO

FL

Work Number

Home Number

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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3GR82C7S4132070	OLDSMOBILE	ALURORA	1995	

Purchase Date 01-FEB-1995	Dealer's Name	Engine Size (CID/CYL) 4.0 L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Inject
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-lock 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 Bel <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 type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08130000	Part Name(s) FUEL:FUEL LINES FITTINGS AND 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 1	Date(s) of Failure(s) 23-APR-2001 54870	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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	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)

PLASTIC FUEL LINE AT ENGINE ATTACHMENT SPRANK PINHOLE LEAK SPRAYING STREAM OF GAS INTO ENGINE COMPARTMENT. THIS IS DANGEROUS! DO SOMETHING BEFORE SOMEONE DIES. DESIGN DEFECT TO USE PLASTIC THAT IS BECOMING BRITTLE AND FATIGUED WITH AGE. AT LEAST 6 REPORTS ON 1995 BUT ONLY 1 ON 1996. SEE ODI ID'S: 558753, 865285, 877480, 872581, 866289, 738883, 889987, POSSIBLY 708825, 715202, 828327, 976637.*AK

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.



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 259

Date Received

28-JUN-2001

Dd_or

rt_dt

pd_rt

up_hr

Reference No.

747528

OWNER INFORMATION (Type or Print)

700790

NAPERVILLE

IL

Work Number

Home Number

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>(Located at bottom of windshield on driver's side)</small> 1G3GR62C5S4123089	Vehicle Make OLDSMOBILE	Vehicle Model AURORA	Vehicle Year 1995	Current Odometer Reading		
Purchase Date 01-OCT-1997 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CYL) 4.0 L No Cylinders _____	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Fuel Injection		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-lock 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"/> Motorbell <input type="checkbox"/> 2-Point Belt	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 type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	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 08130000	Part Name(s) FUEL-FUEL LINES FITTINGS AND PUMP	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Date(s) of Failure(s) 13-JUN-2001 129000 Mileage at Failure(s) 40	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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	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)

FUEL RAIL PLASTIC CONNECTOR SPRUNG FUEL LEAK; SPRAYING FUEL OVER HOT ENGINE; COULD HAVE CAUSED FIRE AND EXPLOSION; LUCKY IT DID NOT. I SEE THERE ARE A NUMBER OF COMPLAINTS FOR THIS PROBLEM, WHICH SHOULD NEVER HAPPEN. WHAT WILL MANUFACTURER DO FOR REIMBURSEMENT OF REPAIR EXPENSES?AK

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.

Auto Safety Hotline		FOR AGENCY USE ONLY 255	
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 03-AUG-2001
	OWNER INFORMATION (Type or Print) 706872 MONACA PA		Od_or _____ Pt_dt _____ Ad_rt _____ Up_tr _____ Reference No. 748783
Do you authorize NHTSA to provide a copy of report to the _____ of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Work Number _____ Home Number _____	
Signature of Owner _____ Date ____/____/____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1G3GR62C1S4108931	Vehicle Make OLDSMOBILE	Vehicle Model AURORA	Vehicle Year 1995
Current Odometer Reading _____	Purchase Date 01-MAR-2000 <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 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 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 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 type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Ut Truck <input type="checkbox"/> Motorcyclo <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 06130000	Part Name(s) FUEL:FUEL LINES FITTINGS AND PUMP	Location <input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure _____	Date(s) of Failure(s) 03-AUG-2001 Mileage at Failure(s) 58000	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 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)			
A FUEL LINE UNDER THE HOOD WAS SPRAYING GASOLINE. IT WAS NOT FROM A FITTING. IT WAS SPRAYING FROM A HOLE IN THE PLASTIC FUEL LINE TUBBING. FOR A PLASTIC FUEL LINE TO BEGIN SPRAYING GASOLINE FOR NO APPARENT REASON IS BIZZARE. I FEEL OLDSMOBILE SHOULD BE AWARE OF THIS AND SHOULD PAY FOR PARTS AND LABOR FOR THIS DEFECT.*AK			
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.			



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) 368-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

28-AUG-2001

Od_or _____
M_dtt _____
Pd_rpt _____
Up_Nr _____

Reference No.

751352

OWNER INFORMATION (Type or Print)

712816

PITTSBURGH

PA

Work Number

Home Number

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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3GR62C6S4128253	OLDSMOBILE	AURORA	1995	

Purchase Date 01-FEB-1995	Dealer's Name _____	Engine Size (CID/CC/L) 4.0L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 Bel <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 type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06130000	Part Name(s) FUEL:FUEL LINES FITTINGS AND PUMP	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Date(s) of Failure(s) 23-AUG-2001 70000	Mileage at Failure(s) 15	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 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 Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)


NYLON (ITT AUTOMOTIVE) FUEL LINES DEVELOPED PIN-HOLE LEAK WHICH SPRAYS A VERY FINE MIST OF GASOLINE INTO ENGINE COMPARTMENT. THIS IS VERY DANGEROUS. THERE ARE ABOUT 20 OTHER COMPLAINTS LISTED ON YOUR WEBSITE - WHAT DOES IT TAKE TO GET A RECALL? - OR AT LEAST SOME HELP FROM GM TO PAY FOR THE \$800 IN REPAIRS... PLEASE RESPOND WITH ADVICE. *AK

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.

Auto Safety Hotline		FOR AGENCY USE ONLY 255	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-8393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print)		Date Received	Doc or rt_dt bd_rt up_rtr
752870		08-MAY-2002	Reference No. 761585
GARY IN [REDACTED]		Work Number	Home Number
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
1G3GR62C9S4124228	OLDSMOBILE	AURORA	1995
Purchase Date 01-AUG-2000	Dealer's Name _____	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type	AntiLock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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	<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 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
			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 08130000	Part Name(s) FUEL-FUEL LINES FITTINGS AND PUMP	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Date(s) of Failure(s) 03-MAY-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 103000		
	Vehicle Speed at Failure(s) 20		
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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0
		Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
THE PLASTIC CONNECTOR OF THE FUEL RAIL RUPTURED AND GASOLINE WAS SPRAYED ON HOT ENGINE. THIS PROBLEM SHOULD BE LOOKED AT CLOSELY!! MY WIFE AND SON WERE DRIVING THE CAR AT THE TIME THIS OCCURRED...THEY COULD HAVE BEEN SERIOUSLY INJURED. I THINK THE MANUFACTURER SHOULD BE HELD LIABLE.			
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.			

Auto Safety Hotline		FOR AGENCY USE ONLY 25b	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print)		Date Received	Od. or
754768		17-MAY-2002	rt_d1 _____ od_rt _____ up_itr _____
LOMBARD IL		Reference No. 761996	
Do you authorize NHTSA to provide a copy of report to the _____ of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Work Number _____ Home Number _____	
Signature of Owner _____		Date ____/____/____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
1G3GR62C5S4136280	OLDSMOBILE	AURORA	1995
Purchase Date 01-SEP-2001	Dealer's Name _____		Engine Size (CID/CCL) _____
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____		No Cylinders _____
		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio	
Transmission Type	Anti-lock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Drive Trail
			<input checked="" 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
			<input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
			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 08300000	Part Name(s) FUEL:FUEL INJECTION SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Front	Failed Part(s) <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Original Replacement
No of Failure 1	Date(s) of Failure(s) 13-MAY-2002	Mileage at Failure(s) 95000	Vehicle Speed at Failure(s) 35
		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 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 RAIL ASSEMBLY PLASTIC HOSE DEVELOPED A HIGH PRESSURE FUEL LEAK, SPRAYING GASOLINE ON TOP OF ENGINE.*AK			
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.			

Auto Safety Hotline		FOR AGENCY USE ONLY 256	
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 368-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 24-JUN-2002
	OWNER INFORMATION (Type or Print) 750861 FORT WORTH TX		Od_or _____ Rt_dt _____ Od_rt _____ Up_Nr _____ Reference No. 783403
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Work Number _____ Home Number _____	
Signature of Owner _____ Date _____		VEHICLE INFORMATION	
Vehicle Ident. No. (VIN.) <small>(Located at bottom of instrument on driver's side)</small> 1G3GR82C5S4140Z81	Vehicle Make OLDSMOBILE	Vehicle Model AURORA	Vehicle Year 1995
Current Odometer Reading _____		Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
Purchase Date 01-MAY-2095 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		_____
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" 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 type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ut Truck <input type="checkbox"/> Motorcycle	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 06130000	Part Name(s) FUEL-FUEL LINES FITTINGS AND PUMP	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Date(s) of Failure(s) 23-JUN-2002	Mileage at Failure(s) 140000	Vehicle Speed at Failure(s) 55
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 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 Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
GAS LEAK/FUMES FROM HIGH PRESSURE RETURN FUEL LINE. VEHICLE COULD IGNITE AT ANY TIME WITHOUT WARNING.*AK			
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.			