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 1388

Date Received	Repository
05-NOV-2003 (2003 DEC -3 PM 2:15)	Reference No. 10046384

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City EASLEY | State SC | Zip Code [redacted]
Daytime Telephone Number | 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 a [redacted] name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 11/18/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G6ET1298SU620942	CADILLAC	ELDORADO	1995

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
8/99	CRANE CHEV-CAD-OLDS 864-859-3284			8	PREMIUM
Original Owner ☐	Dealer's City EASLEY	State SC	Zip Code 29640		

Transmission Type		Powertrain	Vehicle Component Code
AUTO	☒ Antilock Brakes ☑ Cruise Control	NORTHSTAR V8	114000 ELECTRICAL SYSTEM:WIRING Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
14-SEP-2003	124000	NA	

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No	0	0	FIRE DEPARTMENT

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 STARTING THE IGNITION ENGINE VEHICLE CAUGHT ON FIRE. CONSUMER MANAGED TO EXIT THE VEHICLE SAFELY. ~~DEPARTMENT WAS NOTIFIED BUT THE VEHICLE HAD BEEN DESTROYED.~~ ASK MY HUSBAND HAD FILLED THE CAR WITH GAS THE DAY BEFORE, WHICH WAS ON A SATURDAY, WHEN HE DROVE THE VEHICLE. I HAD NOTICED THE VEHICLE WAS GETTING HARD TO START AND FUEL MILEAGE WAS DECREASING. WE HAD DRIVEN THE VEHICLE, MADE A STOP AT A CONVENIENCE STORE, AND WHEN WE GOT BACK INTO THE VEHICLE AND STARTED IT, IT IMMEDIATELY BEGAN TO BURN. THE VEHICLE WAS A TOTAL LOSS.

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