



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

2004 AUG 16 PM 8:52

FOR AGENCY USE ONLY 100164

Date Received
16 PM 8:52
12-JUL-2004

Repository
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OWNER INFORMATION (Type or Print)

Name _____
Address _____
City GRAND JUNCTION State CO Zip Code _____

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

Do you authorize NHTSA to contact 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 _____ Date 8/23/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2G4WF5216W1 _____
Make BUICK Model REGAL Model Year 1998

Date Purchased _____ Dealer's Name and Telephone Number ED BOZARTH CHEV 970-243-3331
Original Owner Dealer's City GRAND JUNCTION State CO Zip Code 81502
Engine: No. Cylinders 6 Fuel Type: Gas

Transmission Type AUTOMATIC
 Antilock Brakes
 Cruise Control
Powertrain _____
Vehicle Component Code 221700 SEATS:FRONT ASSEMBLY:SEAT HEATER/COOLER
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 02-JUL-2004 Failure Mileage 91000 Failure Speed _____
SEAT HEATING SYSTEM - WIRE MALFUNCTION CAUSING SMALL FIRE & SEAT TO MELT HOLE APPROX 6" DIAMETER

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: DOTM18ABC036) 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).

WHILE DRIVING AT ANY SPEED CONSUMER FELT THAT THE VEHICLE WAS GETTING TOO WARM. CONSUMER STOPPED AT A REST STOP TO USE THE FACILITIES AND RETURNED TO THE VEHICLE. UPON RETURNING TO THE VEHICLE CONSUMER NOTICED THAT THE VEHICLE WAS FILLED WITH SMOKE. THE CONSUMER CLAIMED THAT NO ONE IN THE VEHICLE SMOKED. CONSUMER MENTIONED THAT THERE WERE HEATED SEATS IN THE VEHICLE THAT MAY HAVE CAUSED THE FIRE. VEHICLE WAS TAKEN TO THE DEALER WHO REFUSED TO HELP SOLVE THE PROBLEM.*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.