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	Repository
2005 APR 25 AM 5:01	☐
	Reference No. 10115475

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number [redacted]	
City CASCO / State MI / Zip Cod [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	Model	Model Year
1G2HX52K?W4[redacted]	PONTIAC	BONNEVILLE	1998

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
	RINKE				Gas
Original Owner ☐	Dealer's City WARREN	State MI.	Zip Code	6	UNLEADED

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	AUTOMATIC	114200 ELECTRICAL SYSTEM:WIRING:INTERIOR/UNDER DASH Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
24-FEB-2005	141000	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: DOTMAL9ABC036)	☑ Original Equipment ☐ Prior Repair	Failure Location: CENTER DASH BOARD
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	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 30 MPH CENTER OF THE DASHBOARD CAUGHT ON FIRE. DRIVER PULLED OVER AND FOUGHT THE FLAMES WITH AN FIRE EXTINGUISHER. THE CAUSE HAS YET TO BE DETERMINED. *AK

(THE FIRE)
GM, DENEYS IT WAS FROM THEIR COMPONETS & CLAIMS THE SOURCE OF FIRE WAS FROM EXTERNAL SOURCES, TO ME & AN ELECTRICAL REPAIR EXPERT. IT WAS THE LEAD TO CIG LIGHTER THAT CAUGHT ON FIRE.

THE FUSE WAS BLOWN BUT THAT PROBABLY HAPPENED AFTER THE FIRE STARTED. (CIGARETTE LIGHTER) PS. CELL PHONE WAS CHARGING IN CIG.LTR. AT TIME OF FIRE.

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