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	Repository
01-AUG-2005	

Reference No. 10130785

OWNER INFORMATION (Type or Print)

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

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of an au[redacted]r address to the vehicle manufacturer.
Signature of Owner [redacted] Date 8/1/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G1BL82F[redacted]	CHEVROLET	CAPRICE	1994

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
16-MAY-02	BILL JACOBS PLAINFIELD 815-436-2071			No. Cylinders 8	Gas
Original Owner [ ]	Dealer's City PLAINFIELD	State IL	Zip Code 60544		

Transmission Type			Vehicle Component Code
AUTOMATIC	[X] Antilock Brakes [X] Cruise Control	Powertrain REAR WHEEL DRIVE	111100 ELECTRICAL SYSTEM:BATTERY:CABLES Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
31-JUL-2005	82000	0	REFER TO COPY OF ATTACHED

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
NA		
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:
NA		
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
[ ] Yes [X] No	[X] Yes [ ] No	0	0	Y NA

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).

DT: CABLE FROM BATTERY TO JUNCTION BOX OVERHEATED AND STARTED A FIRE. IT MELTED THE STUD THAT BATTERY CABLE WAS CONNECTED TO, THE JUNCTION BOX AND THE AREA AROUND THE JUNCTION BOX. CALLER WAS AT A CAR WASH AND THE ATTENDENT SAW SMOKE AND ALERTED HIM. THEY OPENED THE HOOD AND DISCONNECTED THE BATTERY. VEHICLE WAS TOWED TO DEALER. MANUFACTURER SAID THEY HAD NO RECALL. *AK

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

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).