Form Approved: O.M.B. No. 2127-0008

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

2008 FEB -1 AM 11:07

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
23-MAY-2007	Reference No. 10191601

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	[redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number	[redacted]	
City BEATTYVILLE	State KY	Zip Code [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] address to the vehicle manufacturer.
Signature of Owner [redacted] Date 8/27/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2G4WF5T1[redacted]	BUICK	REGAL	1996

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
02-FEB-07	Dunahoo Auto Sales 606-464-2798			No: Cylinders 6	Gas
Original Owner ☐	Dealer's City Beattyville	State Ky.	Zip Code 41311		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	061000 ENGINE AND ENGINE COOLING:ENGINE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
22-MAY-2007	186000		

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	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).

TL*THE CONTACT OWNS A 1996 BUICK REGAL. THE CONTACT'S VEHICLE CAUGHT FIRE AFTER BEING PARKED FOR APPROXIMATELY FIFTEEN MINUTES. THERE ARE FOUR RECALLS ON THIS VEHICLE. THE VIN WAS UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 186,000.

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

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

Husband drove car to town to go to work. We live exactly 6 or 7 min. from town. He parked the car it sat all day why he was at work. He then drove it home from work wich takes no more than 6 or 7 mins. He came in the house after parking the car in the driveway. About 10 to 15 mins later our children come in & said the car was smoking. We went out & it was in flames we had to call 911 Because we could not get it out The fire almost burnt our house down. The car never acted up the whole time I owned it.

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

LEXINGTON KY 405
28 AUG 2007 PM 2 L

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. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590

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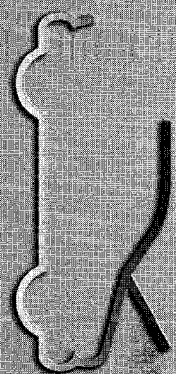
20590#9998

Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

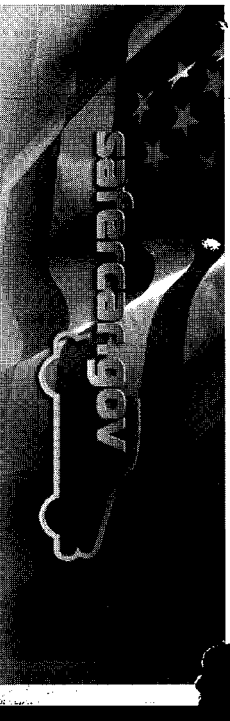
or call:

Vehicle Safety Hotline

888-327-4236

www.nhtsa.dot.gov
nhtsa
people saving people

Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



LEE COUNTY V.F.D. INCIDENT REPORT

KENTUCKY FD# 351
1275 GRAND AVENUE
P.O. BOX 98
BEATTYVILLE, KY 41311
606-464-5030

*CAD RUN # 6049 *DATE 5/22/07

*UNITS RESPONDED: 305 ___ 310 ___ 315 ✓ 320 ✓ 325 ___ 335 ___ OTHERS 330 910, 92.

*TIMES: ALARM: 17:10 INROUTE: 17:12 ARRIVAL: 17:21 UNITS CLEARED: 17:45
disp'd 17:11

*SITUATION FOUND:
FIRE/ STRUCTURE:_____ VEHICLE: ✓ MVA:____ RESCUE:____ OTHER: _____

*LOCATION OF INCIDENT: [redacted]

*ACTION TAKEN: EXTINGUISHMENT: ✓ STAND BY: ____ INVESTIGATION: _____
OTHER: _____

*OWNER'S INFO: NAME: [redacted] PHONE: [redacted]

ADDRESS: [redacted]

*OCCUPANT: (IF OTHER THAN OWNER)
NAME: _____ PHONE: _____

ADDRESS: SAME

*ESTIMATED LOSS: PROPERTY: $ total $2000.00 CONTENTS: $ _____

*INSURANCE CO. & ADDRESS: Safe Auto, Inc.

*VEHICLE: MAKE: Grand Sport MODEL: Buick YEAR: 1996

VIN# 2G4WF52KST1 [redacted] LICENSE# [redacted]

*INJURIES: YES __ NO ✓ NAMES OF INJURED: _____

*SUSPICIOUS: YES __ NO __ (IF YES EXPLAIN) _____

EC#4
860 KSP 340 ~~LRAC~~ 4
42

*MUTUAL AID: GAVE TO: _____ RECEIVED FROM: 350 N/A ____

*FIREFIGHTERS: 331, 392, 311, 399, 96, 921, 902, 977
918, 712, ~~[illegible]~~

399
L.C.V.F.D. OFFICER IN CHARGE

[redacted]
PROPERTY OWNER


05/23/2007


05/23/2007


05/23/2007


05/23/2007


DUNAHOO
AUTO SALES
05/23/2007