



DEC

8 2009

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

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

FOR AGENCY USE ONLY 100148

Date Received

24-MAR-2009

Repository ☐Reference No.
10262885**OWNER INFORMATION (Type or Print)**

Name

Address

City

ST. PETERSBERG

State FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 3/24/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GHD03E33D

Make

OLDSMOBILE

Model

SILHOUETTE

Model Year

2003

Date Purchased

1-15-03

Dealer's Name and Telephone Number

CREST AUTO. & OLDS.

Engine:

No: Cylinders

Fuel Type:

Original Owner

☐

Dealer's City

VENICE

State

FL

Zip Code

34085

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Multiple Failure:

Incident Date(s)

22-MAR-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 110000 ELECTRICAL SYSTEM

Failure Mileage

69000

Failure Speed

25

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: DOTM19ABC036)

☐ 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

N

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 2003 OLDSMOBILE SILHOUETTE. WHILE DRIVING APPROXIMATELY 25 MPH ON NORMAL ROAD CONDITIONS, THE CONTACT SMELLED A BURNING ODOR WHEN THE AIR CONDITIONING CONTROL SWITCH WAS ACTIVATED. HE THEN NOTICED SMOKE EXPELLING FROM THE AIR VENTS. IMMEDIATELY, THE AIR CONDITIONING SYSTEM WAS DEACTIVATED. THERE WERE NO WARNING INDICATORS ILLUMINATED ON THE INSTRUMENT PANEL. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC FOR INSPECTION AND THE CONTACT WAS INFORMED THAT THE INSTRUMENT PANEL CLUSTER NEEDED TO BE REPLACED. IT WAS DISCOVERED THAT THE CONTROL SWITCH MELTED INTERNALLY. THE CONTACT IS IN THE PROCESS OF TAKING THE VEHICLE TO AN AUTHORIZED DEALER FOR REPAIR. THE FAILURE AND CURRENT MILEAGES WERE 69,000.

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.



5237 34th Street North (U.S. 19) St. Petersburg, FL 33714
Phone 727-527-7151 • Fax 727-527-2555

MV-07381

Adv: 330 GREGORY D BERRY		Tag: 0353	License: [REDACTED]	1GHDX03E3 3D [REDACTED]	Page: 1	Invoice: C70284
Invoice to				Driver/Owner Information		
[REDACTED] ST PETERSBURG, FL [REDACTED] Home: [REDACTED] Cell: [REDACTED]				[REDACTED] ST PETERSBURG, FL [REDACTED] Home: [REDACTED] Cell: [REDACTED]		
For Office Use				Vehicle Information		
Odometer in: 69835 Out: 69839		Dist: 1G2 CUS C Prelim		03 OLDSMOBILE SILHOUETTE 4DR XTMVAN		
Begin: 03/25/09		Done: 03/26/09		Invoiced: 03/26/09 15:26 DS		Inservice: 12/31/02
Customer Concern						
Concern 51	CUSTOMER STATES A/C PANEL STARTED TO SMOKE AND CUSTOMER COULD NOT TURN OFF A/C SO HE REMOVED THE FUSE ADVISE			Operation	Tech	Amount
Cause	INTERNAL OPEN SHORT IN A/C CONTROL PANEL CAUSING BLOWER IN-OP. INTERNAL SHORT TO GROUND IN PANEL CASING WIRING TO BURN.			REPAIR	N05	390.83
Correction	REPLACED SHORTED CONTROL PANEL AND REPLACE SHORTED A/C CONTROL WIRING HARNESS CONNECTOR ASSEMBLYS.			Qty	Sell	
Parts	Part Number	PO#	Note	Description		
	000 015306189			CONNECTOR	1 S	70.18 70.18
	000 010338464		NSTK	*CONTROL	1 S	306.42 306.42
	Tech N05 HARTFELDER, ROB					
Type: C				Subtotal		
Summary of Charges for Invoice C70284				Payment Distribution for Invoice C70284		
PARTS		376.60		TOTAL CHARGE		776.50
SUPPLIES		35.00		CASH DUE		776.50
LAB-MECHANICAL		390.83		V.56		
10% DISCOUNT		76.74-				
SUB-TOTAL		725.69				
STATE TAX		43.55				
COUNTY TAX		7.26				
TOTAL CHARGE		776.50				
45-105/FLT RATE HR+10%SUPPLIES						

DISCLAIMER OF WARRANTIES

Any warranties on the products sold hereby are those made by the manufacturer. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

No refunds, returns or exchanges on electrical or special ordered items. Returned mdse. subject to 20% handling charge. All special ordered parts must be paid for 100% in advance. No refunds or returns after 10 days.

In case of litigation for collection of this bill, attorney's fees and court costs will be paid by the customer.

X

I ACKNOWLEDGE RECEIPT OF THE PARTS
AND/OR LABOR LISTED ABOVE

CUSTOMER

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

I FELT THAT THE FUSE DID NOT BLOW.
GM. SAID THE FUSE WAS TOO LARGE.
SO WHO PUT THE FUSE'S IN.
IF I DIDNT PULL THE FUSE, THERE WOOD
HAVE BEEN A FIRE. THEN WHAT?
THANK YOU

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300

TAMPA FL 335
SAINT PETERSBURG FL
15 APR 2009 5PM

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL

PERMIT NO. 1888

WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



safecar.gov

Think your vehicle
has a safety defect?



If so:

Use the enclosed
form to file a report.

or visit:

www.safecar.gov

or call:

Vehicle Safety Hotline
888-327-4236



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U.S. Department of Transportation
National Highway Traffic Safety Administration



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Type: C				Subtotal		
				PARTS		376.60
				LAB-MECHANICAL		390.83
				TOTAL CHARGE FOR CONCERN		767.43
Summary of Charges for Invoice C70284				Payment Distribution for Invoice C70284		
PARTS 376.60				TOTAL CHARGE 776.50		
SUPPLIES 35.00				CASH DUE 776.50		
LAB-MECHANICAL 390.83						
10% DISCOUNT 76.74-						
SUB-TOTAL 725.69						
STATE TAX 43.55						
COUNTY TAX 7.26						
TOTAL CHARGE 776.50						
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