



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 06-MAY-2009	Repository <input type="checkbox"/>
	Reference No. 10267829

OWNER INFORMATION (Type or Print)

Name				Daytime Telephone Number	
Address				Evening Telephone Number	
City SINCLAIRVILLE	State NY	Zip Code			

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorized representative, you must provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 5/15/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G3GR62C9T4	Make OLDSMOBILE	Model AURORA	Model Year 1996
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 05-MAY-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 220000 SEATS, 110000 ELECTRICAL SYSTEM	Failure Mileage 150000	Failure Speed 0
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police Y
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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 OLDSMOBILE AURORA. THE CONTACT STATED THAT HIS VEHICLE WAS STORED IN A GARAGE DURING THE WINTER. HE HOOKED UP A BATTERY CHARGER TO RECHARGE THE BATTERY AND NOTICED SMOKE INSIDE THE PASSENGER COMPARTMENT. HE OPENED THE DOOR AND OBSERVED FLAMES COMING FROM THE STEERING WHEEL AREA. AS HE WAS EXTINGUISHING THE FIRE, THE FIRE DEPARTMENT ARRIVED. HE WAS AT A COMMERCIAL BUILDING AT THE TIME AND THE FIRE DEPARTMENT HELPED HIM EXTINGUISH THE FIRE. THE FIRE DEPARTMENT OBSERVED A HOLE IN THE MIDDLE OF THE DRIVER'S SEAT WHERE THE FIRE ORIGINATED, AND STATED THAT THIS WAS AN ELECTRICAL FIRE. THERE WERE NO INJURIES AND A FIRE REPORT WAS FILED. THE FAILURE MILEAGE WAS 150,000.

CHAUTAQUA County Fire Investigation

CASE # 09-12615 Phone # (716) 753-2131

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 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.