

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
		Date Received 19-MAY-2009		Repository <input type="checkbox"/> Reference No. 10269348	
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
WICHITA	KS				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner		Date: 5/26/09 <i>already have</i>			
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
1G3GR62C3V4		OLDSMOBILE	AURORA	1997	
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:	Incident Date(s)	
	<input type="checkbox"/> Cruise Control			15-MAY-2009	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 070000 FUEL SYSTEM, GASOLINE			Failure Mileage	Failure Speed	
			120000	0	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment	Failure Location:			
	<input type="checkbox"/> Prior Repair				
Tire Component Code			Tire Failure Type:		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
<b>APPLICABLE INCIDENT INFORMATION</b> (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 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 1997 OLDSMOBILE AURORA. WHEN THE CONTACT STARTED THE VEHICLE, IT IGNITED INTO FLAMES. THE FIRE DEPARTMENT EXTINGUISHED THE FIRE AND CUT THE INCORRECT WIRES FOR THE BATTERY. THE CURRENT AND FAILURE MILEAGES WERE 120,000.					
<i>fire Report Incident No. 09-0020230</i>					
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.					

SecureNet Alarm Systems, Inc.  
10501 Hampton Lakes Rd  
Maize, KS 67101  
800-561-0067  
888-942-4977fx

Fax cover sheet

To: ODI Fax: 202-366-1767  
From: [REDACTED] Date: 5-22-09  
Re: Complaint Pages:  
CC:  
 Urgent  For Review  Please Comment  Please Reply  Please Recycle

Complaint No. 10269348

My phone number is [REDACTED]

SECURENET ALARMS, INC