

 <p>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</p>		FOR AGENCY USE ONLY 100148	
		Date Received 22-SEP-2014 OCT 28 2014	Repository <input type="checkbox"/> Reference No. 10638155
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	
Address		E-mail Address NOEMAIL@UNK.GOV	
City TRINIDAD	State CO	Zip Code	
<p>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</p>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G3WH52K6WF		Make OLDSMOBILE	Model INTRIGUE
Date Purchased 1998		Model Year 1998	
Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City La Junta	State CO	Zip Code
Transmission Type auto matic	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:
		Incident Date(s) 06-MAY-2014	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)		Failure Mileage 55000	Failure Speed
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	
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).			
<p>TL* THE CONTACT OWNS A 1998 OLDSMOBILE INTRIGUE. THE CONTACT STATED THAT WHILE ATTEMPTING TO START THE VEHICLE IN THE GARAGE, FLAMES EMITTED FROM THE ENGINE COMPARTMENT. THE VEHICLE WAS INSPECTED BY A TECHNICIAN, WHO STATED THAT THE FUEL LINE WAS FAULTY CAUSING THE FIRE. THE VEHICLE WAS COMPLETELY DESTROYED. A FIRE AND POLICE REPORTS WERE FILED. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC. THE APPROXIMATE FAILURE MILEAGE WAS 55,000.</p>			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
<p>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.</p>			

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

Started car in garage - under house - engine burst into flames. Car stalled. Only minor inconvenience due to car being in driveway. Worth \$1000.00 as I did not recover anything. But it was scary as hell!



119 810 7390

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation



Trinidad, CO

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

07000

CO 802

PM 5 L

BUSINESS REPLY MAIL

FIRST-CLASS MAIL

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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**



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**



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