

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148



U.S. Department of Transportation

National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET:www.nhtsa.dot.gov/hotline

Date Received

APR 08 2016

23-DEC-2015

Repository

Reference No.

10811891

OWNER INFORMATION (Type or Print)

Name

Address

City

GOLF PORT

GulfPort

State

MS

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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).

VEHICLE INFORMATION

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

1G3WS52K3W

Make

OLDSMOBILE

Model

INTRIGUE

Model Year

1998

Date Purchased

2013

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

01-AUG-2015

9-16-15

Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: ENGINE (PWS)

Failure Mileage

100000

Failure Speed

35

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

Number of Deaths

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).

TL* THE CONTACT OWNED A 1998 OLDSMOBILE INTRIGUE. THE CONTACT STATED THAT WHILE DRIVING APPROXIMATELY 35 MPH, THE VEHICLE BEGAN TO SMOKE FROM THE UNDER THE FRONT HOOD OF THE VEHICLE. THE CONTACT STATED THAT FLAMES WERE COMING FROM THE HOOD OF THE VEHICLE. THE CONTACT PULLED INTO A GAS STATION AND EXITED THE VEHICLE. THE VEHICLE BECAME ENGULFED WITH FLAMES. THE FIRE DEPARTMENT EXTINGUISHED THE FIRE. A POLICE REPORT WAS FILED AND NO INJURIES WERE REPORTED. THE VEHICLE WAS TOWED. THE VEHICLE WAS DESTROYED. THE CONTACT RECENTLY RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 15V701000 (ENGINE AND ENGINE COOLING). THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 100,000.

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 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.

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

[redacted] was operating 1998 USmobil Mustang
on I-10 driving 30-35 mph when he observed
A smoke coming from the hood of the car
he immediately pulled over opened the hood
and flames bursted out, he tried to put it out
but was unsuccessful, police were called along
with the fire department, the fire was put out
and the car was hauled off to the junk yard.

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



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~~ NEF-100
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.safercar.gov

or call:
Vehicle Safety Hotline
888-327-4236



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



Harrison County Sheriffs Department

Incident Report

10451 Larkin Smith Dr Gulfport, MS 39502

Phone: (228) 896 - 3000 Fax: (228) 296 - 0625

Sheriff Troy Peterson

ORI MS0240000	County HARRISON COUNTY	Venue Harrison County	Report # [REDACTED]
Report Date / Time 09/16/2015 13:09 Hrs (US/Central)	Occurrence Date / Time 09/16/2015 12:59 Hrs (US/Central)		File Class 2700

Supplements: Approved Report (1)

Summary: Deputy Ladner responded to a vehicle fire, no injuries to report at this time.

Incident Location

Address: [REDACTED]
City: Pass Christian **County:** HARRISON COUNTY **State:** Mississippi
ZIP: [REDACTED] **Country:** United States of America
Township of Occurrence:

Beat: SW **Latitude:** 30.401399 **Longitude:** -89.248575
Sub-Beat: 0

Incident Offenses

Supp #	Offense	Status	Status Date
0	2700 - 2700 : Fire Vehicle	Open/Pending	09/16/2015 12:59 Hrs

Officers Involved

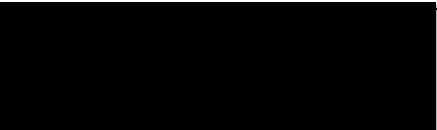
Role	Name	Agency	Supp #
Approving	Captain P. Marr (#10)	Harrison County Sheriffs Department	0
Assisting	Corporal R. HOLLIMAN JR (#98)	Harrison County Sheriffs Department	0
Reporting	DEPUTY J. LADNER (#54)	Harrison County Sheriffs Department	0

Incident People

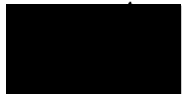
Complainant, Driver **Supp #** 0
Name: [REDACTED] (Primary **Title:** [REDACTED] **Date of Birth:** [REDACTED]
 Name)
Race: Black or African American **Sex:** M **Age at Occurrence:** [REDACTED] Years Old
DL #: [REDACTED] (Mississippi)
Address: [REDACTED] PASS CHRISTIAN, MS [REDACTED] **Date of Info:** 07/27/2014)
Phone: [REDACTED] - Cellular (**Date of Info:** 09/16/2015)

Incident Vehicles

Other **Supp #:** 0
Year/Make/Model: 1998/OLDSMOBILE(OLDS)/INTRIGUE
Type: Automobile



215
Gulfport Ms,



GULFPORT MS 395

29 FEB 2016 PM 12 T



US Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey ave SE
Washington, D.C. 20077

