



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

Date Received: **RECEIVED**
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OFFICE EFFECTS INVESTIGATION
Product Telephone Number: [Redacted]
E-mail Address: [Redacted]
Evening Telephone Number: [Redacted]

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: **NORTH FORT MYERS** State: **FL** Zip Code: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorized address to the vehicle manufacturer: YES NO
Signature of Owner: [Redacted] Date: **01/19/2003**

VEHICLE INFORMATION

Make LINCOLN	Model TOWN CAR	Model Year 1993
Date Purchased 11/17/92	Dealer Name and Telephone Number GERMAIN LINCOLN - Mercury 944-577-6011	Engine: No. Cylinders 8
Original Owner <input type="checkbox"/>	Dealer's City WAPLES FLORIDA	Fuel Type: GAS
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain
Vehicle Component Code 183000 VEHICLE SPEED CONTROL: CABLES		Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 21-NOV-2002	Failure Mileage 79,000	Failure Speed 0	Vehicle was parked overnight
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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: D0THAL9ABC036)	<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	Number of Deaths	Reported to Police N
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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).

CONSUMER STATES THAT THE VEHICLE CAUGHT ON FIRE WHEN ENGINE WAS TURNED OFF. FIRE DEPT. SAID THE SPEED CONTROL MODULE OVER THE LEFT WHEEL STARTED THE FIRE. TS

ATTACHED
ATTACHED
TOOL LOSS

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 Administration 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.

INCIDENT REPORT

North Fort Myers Fire and Rescue

NFIRS-1

FOID 14002	INCIDENT NO 60269	EXP NO. 02	MO 11	DAY 21	YR 02	DAY OF WEEK Thursday	ALARM TIME 08:43	ARRIVAL TIME 09:47	IN SERVICE 07:28
TYPE OF SITUATION FOUND Vehicle fire						TYPE OF ACTION TAKEN Extinguishment			MUTUAL AID None
FIRE PROPERTY USE One-family single year-round use						IGNITION FACTOR 411 Other plug failure			55
CORRECT ADDRESS							ZIP CODE	CENSUS TRACT	
OCCUPANT NAME							TELEPHONE	ROOM OR APT.	
OWNER NAME				ADDRESS			TELEPHONE (000)000-0000		
METHOD OF ALARM FROM PUBLIC Telephone Co-les to fire dept.						CO. INSPECTION DIST. 7	SHIFT 2	NO. ALARMS 5	
NO. FIRE SERVICE PERSONNEL RESPONDING 0		NO. ENGINES RESPONDING 1		NO. AERIAL APPARATUS RESPONDING 0		NO OTHER VEHICLES RESPONDING 1			
NUMBER OF INJURIES FIRE SERVICE 0 OTHER 0				NUMBER OF FATALITIES FIRE SERVICE 0 OTHER 0					
COMPLEX				MOBILE PROPERTY TYPE Automobile					
AREA OF FIRE ORIGIN Enginehood area, running off.				EQUIPMENT INVOLVED IN IGNITION Vehicle					
FORM OF HEAT IGNITION Unspecified sp.		TYPE OF MATERIAL IGNITED Polyvinyl		FORM OF MATERIAL IGNITED Elec. switch/ fuel		ESTIMATED LOSS (DOLLARS ONLY) 5,000			
METHOD OF EXTINGUISHMENT Pyrosona foam/pants		LEVEL OF FIRE ORIGIN Grade to 0 feet							
				NUMBER OF STORIES		CONSTRUCTION TYPE			
EXTENT OF FLAME DAMAGE				EXTENT OF SMOKE DAMAGE					
DETECTOR PERFORMANCE				SPRINKLER PERFORMANCE					
IF SMOKE BEYOND ROOM OF ORIGIN		TYPE OF MATERIAL GENERATING MOST SMOKE				AVENUE OF SMOKE TRAVEL			
		FORM OF MATERIAL GENERATING MOST SMOKE							
IF MOBILE PROPERTY	YEAR 1999	MAKE LINCOLN	MODEL TOWNCAR	SERIAL NO. 1LHME8P2Y833	LICENSE NO. G79 CQE				
IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.					
OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) Captain Michael Adamcik								DATE 11/21/02	
MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE) Firefighter Robert Dapino								DATE 11/21/02	

NOTES:

Arrived on scene to find a White 4 door Lincoln, with fire coming out of the engine compartment. Pulled an 1 3/4 hose. Owners stated that they haven't driven the vehicle since last night. Called for Capt. Burton to come and look at the vehicle.

Arrived on scene to find a 1983 Lincoln, with extensive fire damage to the engine compartment. There had been a little damage inside of car. Looking at the car, it appeared that the fire had started on the drivers side, over the left front tire. Talking to the owners, was told that when they first came out to look at the car it was just burning over that area. Looking for other sources of ignitions, and finding none, it appeared to me that there had been an electrical short in that area.

There had been some damage to the garage door, and to the siding.
The car was a total loss.

