



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

Repository ☐

Reference No.
10002257

OWNER INFORMATION (Type or Print)

Name

Address

City OXFORD

State MA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

VIN: 4T1BF32K22X032253		Make: BUICK	Model: LESABRE	Model Year: 2000
Date Purchased: 7/2000	Dealer's Name and Telephone Number: 508-965-1000 PATRIOT PONTIAC-BUICK-GMC		Engine: No. Cylinders: 6	Fuel Type: GAS
Original Owner: ☒	Dealer's City: CHARLTON	State: MA	Zip Code: 01507	
Transmission Type: AUTO	☒ Antilock Brakes	Powertrain	Vehicle Component Code: 060000 ENGINE AND ENGINE COOLING	
	☒ Cruise Control		Multiple Failure:	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 11-15-02	Failure Message: 46000	Failure Speed: 50	ALTERATOR - DEFECTIVE WIRING ? FAIL FUSE ?
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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: DOTM15ABC036):	☐ 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(es).)

Crash: ☐ Yes ☒ No	Fire: ☒ Yes ☐ 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(es).
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 WHILE THE CAR WAS RUNNING A FIRE STARTED UNDER THE HOOD. PLEASE PROVIDE ANY ADDITIONAL INFORMATION.

TS NO MORE GM. CARS

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.

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

SEE WORCESTER FIRE DEPT. REPORT

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**VEHICLE
OWNER'S
QUESTIONNAIRE**



DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



US Department of Transportation
National Highway Traffic Safety
Administration
<http://www.safercar.gov>



MASSACHUSETTS FIRE INCIDENT REPORT
DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE STATE FIRE MARSHAL
P.O. Box 1025 Stow, Massachusetts 01775

Massachusetts
Fire
Incident
Reporting
System

10 FID# 27348		Department Worcester Fire Department		Revised Report		FORM 7722	
Incident # 226052		DATE 11/15/02	Day of Week 6	Alarm Time 17:07	Arrival Time 17:12	Back in Service 17:44	
11 Structure fire 17 Outside spill with fire		13		1 Investigation only		2 Mutual Aid	
12 Paved Public Street		9/6/2		5/5			
13 1 COLLEGE SQ		0115110		117010			
14 N/A		000-000-0000					
15 Oxford, MA		000-000-0000					
16 1		2		3		1	
17 3		0		0		0	
18 0		0		0		0	
19 0		0		0		0	
20 0		0		0		0	
21 1, 1		Yes No					
22 2000 BUIC		LESA		Green		164HF54K9Y4183843	
23 9/8		8/3		9/8		4/9	
24 3		1		6		4	
25 1		8		8		8	
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The Commonwealth of Massachusetts
Department of Fire Services
Office of the State Fire Marshal
P.O. Box 1025, State Road, Fitch, Massachusetts 01775

Form FP-33C
(rev. 10/01)

Burned/Recovered Motor Vehicle Report

Fire Department: Worcester FDID#: 27348

Fire Department Response: ☐ No ☒ Yes Incident Number: I0226052 Date: 11-15-02

**This report must be completed fully in accordance with
M.G.L. c. 175, § 113D, and M.G.L. c. 266, § 29 B.**

I hereby report to the above named Fire Department that the following motor vehicle was burned in the City/Town of
Worcester

Owned by: [Redacted] [Redacted] [Redacted]
Last Middle First
[Redacted] OXFORD MA. [Redacted]
Address City/Town/State Phone Number

Reported by: AUBURN POLICE
Last Middle First
[Redacted] [Redacted] [Redacted]
Address City/Town/State Phone Number

Location of Fire: 1 COLLEGE SQ 11/15/02 @ 17:07
Street City/Town Date/Time of Fire
Motor Vehicle: 2000 BUICK LESN GREEN
Year Make Model Color
400 TSO MA 1G4HP54K974153843
Registration Number State Vehicle Identification Number

Was the Vehicle Registered? ☒ Yes ☐ No Keys in the Vehicle? ☒ Yes ☐ No Doors Locked? ☐ Yes ☒ No
Fire Insurance Coverage? ☒ Yes ☐ No OXFORD Ins. Agency Commerce
Insurance Agent Insurance Company

Further information will be required by the Fire Department Form FP-33D

Oath of Affirmation

I hereby swear or affirm under penalty of perjury, that the information I have provided herein is truthful and correct.

To be signed by the owner of record John R. Stafford

Do not write below these lines - Fire Authority only.

Name of Person Taking Report: St. D. McCall 11-26-02 @ 11:15
Name Date/Time

Stolen Report Made? ☐ Yes ☒ No
Where Date/Time

All data elements must be answered - Print Legibly
White copy - Fire Authority; Pink copy - State Fire Marshal's Office; Yellow copy - Owner/Operator

Worcester Fire Department

11/26/2002 Detail Incident Report with Narratives

Tuesday 11:10

226052 11/15 17:07 (Continued)

J226052 Narrative 1 By: Lt. Edward Ryan III Last edit: 11/15/02 Status: Open

Driver of vehicle, Constance Stafford, stated that car suddenly lost electric power and warning lights on dash lit up. She stopped the vehicle at which time it began to burn with flames coming from engine compartment. A police officer from the Auburn Police Department came upon the vehicle and extinguished the fire with a dry chemical extinguisher. E15 disconnected the battery and called police to standby as a safety precaution. The owner of the vehicle was to call AAA for tow.

Worcester Fire Department
Nov 26, 2002 Detail Incident Report with Narratives

Tuesday

Source: Address only
 INCIDENT: 10226052

Disp: WELCH

TIMING

Received: 17:07 11/15/2002
 Time Lap Total
 Dispatched: 17:08 00:01 00:01
 Out station: None
 At scene: 17:12 00:05
 To medical: None
 At medical: None
 Cleared: 17:44 00:32 00:37 11/15/2002

LOCATION OF INCIDENT

Address: 1 COLLEGE SQ
 Alarm: _____ Run list: 1552
 Occ/Land: N/A
 Apt: _____ Prop use: Sps Street
 Phone: _____ None
 NOTE: _____

INCIDENT CLASSIFICATION

Situation: F115 Vehicle Fire Pri: High Dsp: W959 Call: R013
 Nature: Vehicle Fire Fire/EMS: Fire Severity: STIL Still

ALARM METHOD AND PERSON

Method of alarm: TEL Telephone Direct
 Reporting person: CITE Phone: _____ None
 Address: _____

OTHER INFORMATION

Officer in charge: EEB Lt. Edward Ryan III
 Actual situation: F115 Vehicle Fire
 Reporting officer: EEB Lt. Edward Ryan III
 Remarks: E15 RESP.....JGW
 Call C0287992: UNDER THE 290 BRIDGE AT COLLEGE SQ FOR A CAR ON FIRE
 JK APU2

Personnel: [No personnel for incident]

UNIT CHRONOLOGY BY TIME

Unit	Date	Time	Status	Unit	Date	Time	Status
E15	11/15	17:08	Responding	E15	11/15	17:44	Returning
E15	11/15	17:12	On Scene				

Unit summary:	Unit	Type	Pers	Total	Unit	Type	Pers	Total
	E15	Engine	4	00:36				

Personnel: 3 Engines: 1 Aerials: 0 Tankers: 0 Others: 0

Personnel time: 2:24 Unit time: 0:36

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**