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

2003 OCT 15 AM 9:09

| FOR AGENCY USE ONLY 1367 | |
|---|---|
| Date Received: 05-SEP-2003 | Repository ☐ |
| | Reference No.: 10038328 |

**OWNER INFORMATION (Type or Print)**

| | | | |
|---|---|---|---|
| Name: [redacted] | | Daytime Telephone Number: [redacted] | E-mail Address: [redacted] |
| Address: [redacted] | | Evening Telephone Number: SAME | |
| City: COLONIA | State: NJ | Zip Code: [redacted] | |

*Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?* ☐ YES ☒ NO
*In the absence of an e[redacted]ovide your name or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 09/09/2003

**VEHICLE INFORMATION**

| 17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| 3VWFA81H1RM049225 | VOLKSWAGEN | GOLF | 1994 |

| Date Purchased | Dealer's Name and Telephone Number | | | Engine: No. Cylinders | Fuel Type: |
|---|---|---|---|---|---|
| MAR., 1994 | LINDEN VOLKSWAGEN | | | 4 | Reg. |
| Original Owner ☒ | Dealer's City: LINDEN | State: NJ | Zip Code: 07036 | | |

| Transmission Type | | Powertrain | Vehicle Component Code |
|---|---|---|---|
| Auto. | ☐ Antilock Brakes<br>☐ Cruise Control | 2.0 (4cyl.) 115 hp. | 114000 ELECTRICAL SYSTEM:WIRING<br>Multiple Failure: |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

| Incident Date(s) | Failure Mileage | Failure Speed |
|---|---|---|
| Aug. 21, '03 | 72000 | 15-20mph |

**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: DOTMALSABC036) | ☐ 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 | Fire | Number of Persons Injured | Number of Deaths | Reported to Police |
|---|---|---|---|---|
| ☐ Yes ☒ No | ☒ Yes ☐ No | 0 | 0 | (Y) # FIRE Department |

**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).**

SECONDS AFTER PULLING INTO ONCOMING TRAFFIC SMOKE STARTED COMING INTO THE CABIN FROM DRIVER'S SIDE AIR VENT. THEN, VEHICLE IGNITED INTO FLAMES. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

Pulled out from parking lot. Entered street. Reached speed of about 15-20 mph. Grey/Black smoke appeared from driver side vent. Pulled into 1st available open parking lot (White Rose). Asked business employees to call fire department. One of White Rose employees used fire extinguisher to put out the flames. Fire engine & police arrive - put out the fire. Report is taken by fire dept. No one was injured.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

**National Highway Traffic Safety Administration**

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

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

DVD P&DC NU 2 U/S PM 1 OCT 2003

**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
**Office of Defects Investigation, NVS-216**
400 7th Street, SW
Washington, DC 20590

---

# VEHICLE OWNER'S QUESTIONNAIRE

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

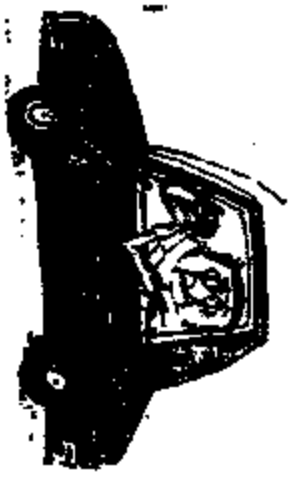
**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
http://www.safercar.gov

NFIRS - 1
Basic

**B: Location**

201 E First Ave
Roselle, NJ 07203

☐ WILDLAND FIRE?

**C: Incident Type***

131 | Passenger vehicle fire

**D: Aid Given or Received*** ☒ None

N | None

**E1: Dates & Times**

Check boxes if dates are the same as Alarm Date.

| | | |
|---|---|---|
| Alarm* | 08/21/2003 | 1154 |
| ☒ Arrival* | 08/21/2003 | 1155 |
| ☒ Controlled | 08/21/2003 | 1156 |
| ☒ Last unit cleared | 08/21/2003 | 1215 |

**E2: Shift & Alarms**

Shift: D
Alarms: 1
District: 014

**E3: Special studies**

| # | ID | Code |
|---|---|---|
| 1 | 6000 | 1 |

**For Local Use**

A.I.R. No.:

Type of Dispatch: S | Still Alarm

Method of Alarm to the FD: 4 | Radio

**F: Actions Taken*** (all incident types)

1. 11 | Extinguish
2. 86 | Investigate
3. 12 | Salvage & overhaul

**G1: Resources***

☒ Apparatus or Personnel forms used

| OR ==> | Apparatus | Personnel |
|---|---|---|
| Suppression | 2 | 3 |
| EMS | 0 | 0 |
| Other | 0 | 0 |

☐ aid received included

**G2: Estimated $ Loss & Value**

LOSSES:

| | | |
|---|---|---|
| Property | 0 | ☒ none |
| Contents | 0 | ☒ none |

PRE-INCIDENT VALUE:

| | | |
|---|---|---|
| Property | | ☐ none |
| Contents | | ☐ none |

**H1: Casualties**

☒ None

| | Deaths | Injuries |
|---|---|---|
| *Fire Service:* | 0 | 0 |
| Total Civilian: | 0 | 0 |
| Total casualties: | 0 | 0 |
| Including: *EMS patients:* | 0 | 0 |
| but NOT including: *HazMat Civ. cas.:* | 0 | 0 |

Including *Civilian FIRE*: Deaths 0, Injuries 0

Fields in Italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☒ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

**H2: Detector Alerted Occupants?** ☐ Yes ☐ No ☐ Unknown

**H3: Hazardous Material Release**

**I: Mixed use Property**

**J: Property Use**

965 | Vehicle parking area

**K1: Persons/Entities involved AND K2: Owner**

| # | Last Name | First Name | Business Name | Phone | Street or Highway Name |
|---|---|---|---|---|---|
| 1 | [redacted] | | | [redacted] | LINCOLN |

K2: [redacted] [redacted] LINCOLN

**M: Authorization**

| Officer in charge ID | Name: (first, mi, last) | Position or rank | Assignment | Date* |
|---|---|---|---|---|
| 0851 | Greg Jakubowski | Captain | Officer In | 08/21/2003 |

☒ Check box if same as Officer in charge

| Member making report | Name: (first, mi, last) | Position or rank | Assignment | Date* |
|---|---|---|---|---|
| 0851 | Greg Jakubowski | Captain | Reporting | 08/21/2003 |

Roselle Fire Department • 725 Chestnut St • Roselle, NJ 07203

FDID 20014 State NJ Date 08/21/2003 Time 11:54 Incident 0001102 Exp 000 Station 014

NFIRS Printed: 09/29/2003 16:14

NFIRS - 2
Fire

Roselle Fire Department • 725 Chestnut St • Roselle, NJ 07203

FDID 20014 State NJ Date 08/21/2003 Time 11:54 Incident 0001102 Exp 000 Station 014

**B: Property Details**

B1: Estimated number of residential living units in building of origin.
(whether or not all units became involved)
☒ Not residential OR 0

B2: Number of buildings involved
(totals for incident in 000 exposure)
☒ None OR 0

B3: Acres burned (outside fires)
☒ None OR 0
☐ Less than 1 acre

**C: On-Site Materials or Products**
Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, (whether or not they became involved)
☒ None

| On-site materials: | | | Material Storage Use | |
|---|---|---|---|---|
| 1. | NNN | None | | |
| 2. | | | | |
| 3. | | | | |

**D: Ignition**

D1: Area of fire origin*
81 Operator/passenger area of transportation equip.

D3: Item first ignited*
81 Electrical wire, cable insulation
☐ Fire spread was confined to object of origin

D2: Heat source*
UU Undetermined

D4: Type of material first ignited
UU Undetermined

**E1: Cause of Ignition**
2 Unintentional

**E2: Factors Contributing To Ignition** ☒ None OR

| | | |
|---|---|---|
| 1. | NN | None |
| 2. | | |

**E3: Human Factors Contributing to Ignition**
(check all that apply) ☒ None

| | | | (if age a factor) |
|---|---|---|---|
| 1 | [ ] | Asleep | |
| 2 | [ ] | Possibly impaired by alcohol or drugs | |
| 3 | [ ] | Unattended or unsupervised person | |
| 4 | [ ] | Possibly mentally disabled | Est. age of person involved |
| 5 | [ ] | Physically disabled | |
| 6 | [ ] | Multiple persons involved | ☐ Male |
| 7 | [ ] | Age was a factor | ☐ Female |

**F: Equipment Involved in Ignition** ☐ None

Year:
Brand:
Model:
Serial #:

F2: Equipment Power Source

F3: Equipment Portability
☐ Portable ☐ Stationary

**G: Fire Suppression Factors** ☒ None

| | | |
|---|---|---|
| 1. | NNN | None |
| 2. | | |
| 3. | | |

Requires Module: ☐ 11-Arson

**H: Mobile Property Involved** ☐ None

3 Involved in ignition and burned

Model: V.W. GULF 3
License Plate #: BK 2312 State: NJ
VIN#: 3VWPA81H1RM049225

Mobile property type: 11 Passenger car.
Mobile property make: VO Volkswagen
Year: 1994

NFIRS
Printed: 09/29/2003 16:15

L: Remark

Subject: Report Narrative

FIRE DEPARTMENT RECEIVED A REPORT OF A VEHICLE FIRE. FIRE DEPARTMENT RESPONDED WITH E-2 & E-3. UPON ARRIVAL THERE WAS NO VISIBLE FIRE BUT SMOKE WAS SHOWING FROM PASSENGER DOOR.(THE FIRE WAS EXTINGUISHED PRIOR TO FIRE DEPT. ARRIVAL BY OWNER VIA DRY-CHEMICAL EXTINGUISHER.) FIRE DEPT. CHECKED FOR EXTENSION AND HOT SPOTS AND APPLIED WATER VIA BOOSTER LINE FOR ADDITIONAL EXTINGUISHMENT. FIRE DEPT. CREW SECURED BATTERY TERMINAL. OWNER WILL HAVE VEHICLE REMOVED VIA WRECKER. ALL UNITS RETURNED TO HQS AVAILABLE.

NFIRS - Remark

Seq #: 001

Roselle Fire Department • 725 Chestnut St • Roselle, NJ 07203

| FDID | State | Date | Time | Incident | Exp | Station |
|---|---|---|---|---|---|---|
| 20014 | NJ | 08/21/2003 | 11:54 | 0001102 | 000 | 014 |

NFIRS

Printed: 09/29/2003 16:15