



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 100147

Date Received

Repository

2004 APR 20 10 10 AM '05  
18 MAR 2004

Reference No.  
10063427

OWNER INFORMATION (Type or Print)

Name [Redacted]  
Address [Redacted]  
City COLUMBUS State OH Zip Code [Redacted]

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?  
In the absence of a signature, your name or address to the vehicle manufacturer.  YES  NO  
Signature of Owner [Redacted] Date 3/27/2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G3WA5 [Redacted]  
Make BUICK Model REGAL Model Year 1995  
Date Purchased 3/19/01 Dealer's Name and Telephone Number Keys Old.  
Original Owner  (2) Dealer's City Columbus State OH Zip Code 43085  
Transmission Type Auto Engine: No. Cylinders 8 Fuel Type: gas  
 Antilock Brakes Powertrain Front wheel  
 Cruise Control Vehicle Component Code 114100 ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-NOV-2001  
Failure Mileage 10,000  
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: 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  Yes  No Fire  Yes  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).

WHEN DRIVING IN A PARKING LOT A PERSON WALKING FLAGGED DOWN THE DRIVER AND INFORMED HIM THAT FLAMES WERE COMING FROM UNDER THE VEHICLE. DRIVER TURNED THE VEHICLE OFF AND GOT OUT OF THE VEHICLE TO INVESTIGATE THE PROBLEM. CONSUMER WAS ABLE TO PUT THE FIRE OUT. \*AK

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

The Privacy Act of 1974 (Public Law 93-576) 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.

# OHIO BASIC INCIDENT REPORT, CITY OF COLUMBUS, OHIO, DIVISION OF FIRE

State of Ohio  
State Fire Marshall  
Form NFIRS-1  
(Revised 10/85)

3875 Parsons Avenue

Fill in This Report  
In Your Own Words Before  
Coding from NFIRS Manual.

COUNTY IF OTHER THAN FRANKLIN

DELETE  CHANGE

A	FDID 25089	INCIDENT NO [REDACTED]	EXP 2	MO 11	DAY 01	YEAR 01	DAY OF WEEK Thursday	ALARM TIME 50927	ARRIVAL TIME 0926	TIME IN SERVICE 0940
B	TYPE OF SITUATION Auto fire			TYPE OF ACTION TAKEN 113 Exting			MUTUAL AID CWA 1 <input checked="" type="checkbox"/> REC'D 2 <input type="checkbox"/> GIVEN			
C	FIXED PROPERTY USE Parking lot			IGNITION FACTOR 19165 Short in wiring			154			
D	CORRECT ADDRESS [REDACTED]						ZIP CODE [REDACTED]		CENSUS TRACT 14610	
E	OCCUPANT NAME (LAST, FIRST, MI.) [REDACTED]						TELEPHONE [REDACTED]		ROOM OR APT. [REDACTED]	
F	OWNER [REDACTED]						ADDRESS [REDACTED]		TELEPHONE [REDACTED]	
G	METHOD OF REPORT FROM PUBLIC 711						SHIFT 12		NO. ALARMS 1	
H	NUMBER FIRE SERVICE PERSONNEL RESPONDED 1003			NUMBER ENGINES RESPONDED 1014			NUMBER AERIAL APPARATUS RESPONDED 1010		NUMBER OF OTHER VEHICLES RESPONDED 1040	

COMPLETE ON ALL INCIDENTS  
COMPLETE QUALITY OF FIRE

I	NUMBER OF INJURIES FIRE SERVICE 1000 OTHER 1000			NUMBER OF FATALITIES FIRE SERVICE 1000 OTHER 1000		
J	COMPLEX Parking lot			MOBILE PROPERTY TYPE - (COMPLETE LINE 5) Auto		
K	AREA OF FIRE ORIGIN Engine Compartment			EQUIPMENT INVOLVED IN IGNITION - (COMPLETE LINE 7) No equipment		
L	FORM OF HEAT OF IGNITION Short in wiring		TYPE OF MATERIAL IGNITED Rubber		FORM OF MATERIAL IGNITED Wire insulation	
M	METHOD OF EXTINGUISHMENT 1 3/4 + tank		LEVEL OF FIRE ORIGIN 1 Above grade		ESTIMATED LOSS (DOLLARS ONLY) 1000000000	

COMPLETE FOR ALL FIRES

N	NUMBER OF STORIES			CONSTRUCTION TYPE		
O	EXTENT OF FLAME DAMAGE			EXTENT OF SMOKE DAMAGE		
P	DETECTOR PERFORMANCE			SPRINKLER PERFORMANCE		
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		TYPE OF MATERIAL GENERATING MOST SMOKE		DIRECTION OF SMOKE TRAVEL	
R	FORM OF MATERIAL GENERATING MOST SMOKE					

COMPLETE IF STRUCTURE FIRE

S	IF MOBILE PROPERTY		YEAR 95	MAKE Oldsmobile	MODEL Aurora	SERIAL NO. 1636452max5032	LICENSE NO. A6U-1997
T	IF EQUIPMENT INVOLVED IN IGNITION		YEAR	MAKE	MODEL	SERIAL NO. 6707	

COMPLETE IF IT APPLIES

U	OFFICER IN CHARGE (SIGNATURE, POSITION, ASSIGNMENT) [Signature] LT E-21 10				DATE 11-01-01	CHECKED BY (INITIALS) [Signature]	
	MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)				DATE	OTHER	

V	FIRST ALARM E E E E L L R R BC BC ES SQ M									
W	DESIGNATED COMPANIES DISPATCHED 7		IF FIRST DESIGNATED ENGINE DID NOT RESPOND FROM QUARTERS, THEN MARK (X) <input type="checkbox"/>						TIME SITUATION CONTAINED 09127	

COMPLETE ON ALL INCIDENTS

X	INSURANCE COMPANY OR AGENT			BUILDING			CONTENTS		
Y	FPB ACTION			REFERRAL			FILE INVESTIGATE		
Z	MARK "X" IN BOX IF <input type="checkbox"/> REMARKS ATTACHED <input type="checkbox"/> CASUALTY REPORTS ATTACHED <input type="checkbox"/> EXPOSURE REPORTS ATTACHED <input type="checkbox"/> OTHER REPORTS ATTACHED <input type="checkbox"/> MULTIPLE ALARM REPORTS ATTACHED								

COMPLETE IF APPLICABLE

FURTHER INFORMATION: