



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 1368

Date Received: 2004 JUN 04 7:53  
Repository   
Reference No. 10075715

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: CLAYTON State: NC Zip Code: [Redacted]  
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]  
Evening Telephone Number: [Redacted]

Do you authorize NHTSA to contact the manufacturer of your vehicle?  YES  NO  
in the absence of an authorized representative or address to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: 6/12/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2G4W852K5W [Redacted]  
Make: BUICK Model: REGAL Model Year: 1988  
Date Purchased: [Redacted] Dealer's Name and Telephone Number: [Redacted]  
Engine: No. Cylinders: 6 Fuel Type: GAS  
Original Owner:  Dealer's City: [Redacted] State: [Redacted] Zip Code: [Redacted]  
Transmission Type: Auto Antilock Brakes:  Cruise Control:  Powertrain: [Redacted]  
Vehicle Component Code: 114100 ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 12-MAY-2004 Failure Mileage: 18000 Failure Speed: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]  
DOT No. (Example: DOTM1ABC036): [Redacted] Original Equipment:  Prior Repair:  Failure Location: [Redacted]  
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]  
Seat Type: [Redacted] Installation System: [Redacted]  
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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: N

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).

AFTER STARTING THE VEHICLE CONSUMER HEARD A LOUD POPPING-NOISE. VEHICLE THEN CAUGHT ON FIRE UNDER THE HOOD. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. \*AK POP - NOT POPPING NOISE

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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)

My wife went out to start the car. When she turned the key she heard a loud "POP" and smoke immediately poured from under the hood. She raised the hood, saw flames, and immediately slammed the hood to make help control or smother the fire. She called me and I called the Clayton, NC fire dept. She took the fire extinguisher to the porch (the car was sitting in our driveway @ a foot from our house). I managed to use the fire extinguisher and a water hose to put the fire out. The fire was out and I was using the water hose to ensure no flare-up for the time the fire chief arrived.

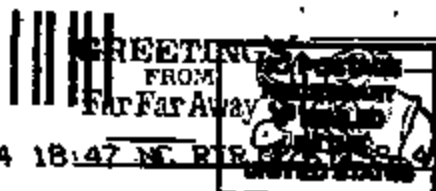
ATTACH ADDITIONAL SHEETS IF NECESSARY

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



**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 79173 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

07



**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**

**1-888-327-4238**

DOT Auto Safety Hotline  
(DASH) & DOT



U.S. Department of Transportation  
National Highway Traffic Safety Administration  
<http://www.dhs.gov/government>

**B Location\***  Check this box to indicate that the address for this incident is provided on the Wildland Fire Claims Form  
 Street address 2108 Englewood DE  
 Intersection Number/Highway Prefix Street or Highway Street Type Suffix  
 In front of Clayton NC 27520  
 Rear of Apt./Suite/Room City State Zip Code  
 Adjacent to  
 Directions Cross street or directions, as applicable

**C Incident Type \*** 191 Passenger vehicle fire  
**E1 Date & Times** Month Day Year Hr Min Sec  
 Check boxes if dates are the same as Alarm Date. ALARM always required  
 Alarm \* 05 27 2004 07:27:53  
 Arrival \* 05 27 2004 07:32:33  
 Cleared 05 27 2004 07:42:50  
**E2 Shift & Alarm** Local Option  
 Shift or Alarm District  
**E3 Special Studies** Local Option  
 Special Study ID# Special Study Value

**D Aid Given or Received\***  
 1  Mutual aid received  
 2  Automatic aid recov.  
 3  Mutual aid given  
 4  Automatic aid given  
 5  Other aid given  
 6  None  
 Their FDID Their State  
 Their Incident Number

**G1 Resources \***  
 Check this box and skip this section if no Apparatus or Personnel from in used.  
 Apparatus: 0004 0012  
 Personnel: 0004 0012  
 Other:   
 Check box if resources include aid received resources.

**G2 Estimated Dollar Losses & Values**  
 LOSSES: Required for all fires if known. Optional for non fires.  
 Property \$ 000,000  
 Contents \$ 000,000  
 PRE-INCIDENT VALUE: Optional  
 Property \$ 000,000  
 Contents \$ 000,000

**F Actions Taken \***  
 86 Investigate  
 Primary Action Taken (1)  
 Additional Action Taken (2)  
 Additional Action Taken (3)

**H1 Casualties** None  
 Deaths Injuries  
 Fire  
 Civilian  
**H2 Detector**  
 Required for Confined Fires.  
 1  Detector alerted occupants  
 2  Detector did not alert them  
 3  Unknown

**H3 Hazardous Materials Release**  
 1  Natural Gas: odor tank, no connection to ducted system  
 2  Gaseous gas: any, no tank (e.g. tankless water heater)  
 3  Gasoline: outside fuel tank or portable container  
 4  Aerosols: fuel burning equipment or portable storage  
 5  Diesel fuel/fuel oil: vehicle fuel tank or portable  
 6  Household solvents: manufacturing spill, cleanup only  
 7  Motor oil: from engine or portable container  
 8  Paint: from paint can totaling < 25 gallons  
 9  Other: Special Hazmat action required or spill > 5 gal. - Please specify the Hazmat Code

**I Mixed Use Property**  
 10  Not Mixed  
 20  Assembly use  
 30  Education use  
 40  Medical use  
 50  Residential use  
 60  Row of stores  
 70  Enclosed mall  
 80  Bus. & Residential  
 90  Office use  
 100  Industrial use  
 110  Military use  
 120  Farm use  
 130  Other mixed use

**J Property Use - Structures**  
 131  Church, place of worship  
 161  Restaurant or cafeteria  
 162  Bar/Tavern or nightclub  
 213  Elementary school or kindergarten  
 215  High school or junior high  
 241  College, adult education  
 311  Care facility for the aged  
 331  Hospital  
 341  Clinic, clinic type infirmary  
 342  Doctor/ambulance office  
 361  Prison or jail, not juvenile  
 419  1-or 2-family dwelling  
 429  Multi-family dwelling  
 439  Rooming/boarded house  
 449  Commercial hotel or motel  
 459  Residential, board and care  
 464  Dormitory/barracks  
 519  Food and beverage sales  
 539  Household goods, sales, repairs  
 579  Motor vehicle/boat sales/repairs  
 571  Wash car service station  
 599  Business office  
 615  Electric generating plant  
 629  Laboratory/science lab  
 700  Manufacturing plant  
 819  Livestock/poultry storage (barn)  
 882  Non-residential parking garage  
 891  Warehouse  
 936  Vacant lot  
 938  Cleared/care for plot of land  
 946  Lake, river, stream  
 951  Railroad right of way  
 960  Other street  
 961  Right-of-way/highway  
 982  Residential street/driveway  
 981  Construction site  
 984  Industrial plant yard  
 Look up and enter a Property Use code only if you have NOT checked a Property Use box.  
 Property Use 982  
 Residential street, road or driveway  
 NFIRS-1 Revision 03/11/00

**K1 Person/Entity Involved**

Local Option

Business name (if applicable)

Area Code

Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

|                 |                 |                   |             |        |
|-----------------|-----------------|-------------------|-------------|--------|
| Mr., Ms., Mrs.  | First Name      | MI                | Last Name   | Suffix |
| Number          | Prefix          | Street or Highway | Street Type | Suffix |
| Post Office Box | Apt./Suite/Room | City              |             |        |
| State           | Zip Code        |                   |             |        |

More people involved? Check this box and attach Supplemental Forms (SF100-1A) as necessary

**K2 Owner**

Same as person involved? Then check this box and skip the rest of this section.

Local Option

Business name (if applicable)

Area Code

Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

|                 |                 |                   |             |        |
|-----------------|-----------------|-------------------|-------------|--------|
| Mr., Ms., Mrs.  | First Name      | MI                | Last Name   | Suffix |
| Number          | Prefix          | Street or Highway | Street Type | Suffix |
| Post Office Box | Apt./Suite/Room | City              |             |        |
| State           | Zip Code        |                   |             |        |

**L Remarks**

Local Option

This was a vehicle fire that was out when we arrived.

**L Authorization**

1689

Officer in charge ID

Barbee, Halbert L

Signature

FC

Position or rank

195

Assignment

05

Month

28

Day

2004

Year

Check box if same as Officer in charge.

1689

Number making report ID

Barbee, Halbert L

Signature

FC

Position or rank

195

Assignment

05

Month

28

Day

2004

Year

05108  
FDID \*

MC  
State \*

MM DD YYYY  
5 27 2004  
Incident Date \*

81  
Station

04-0003775  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

This was a vehicle fire that was out when we arrived.

**B Property Details**

**B1**  Not Residential  
 Estimated Number of residential living units in building of origin whether or not all units became involved

**B2**  Buildings not involved  
 Number of buildings involved

**B3**  None  
 Less than one acre  
 Acres burned (outside fires)

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

Enter up to three codes. Check one or more boxes for each code entered.

On-site material (1)  1  Bulk storage or warehousing  
 2  Processing or manufacturing  
 3  Packaged goods for sale  
 4  Repair or service

On-site material (2)  1  Bulk storage or warehousing  
 2  Processing or manufacturing  
 3  Packaged goods for sale  
 4  Repair or service

On-site material (3)  1  Bulk storage or warehousing  
 2  Processing or manufacturing  
 3  Packaged goods for sale  
 4  Repair or service

**D Ignition**

**D1** 83 Engine area, running  
 Area of fire origin \*

**D2** 00 Undetermined  
 Heat source \*

**D3** 00 Undetermined  
 Item first ignited \*  1  2  3  4  
Check box if fire spread was confined to object of origin

**D4** \_\_\_\_\_  
 Type of material first ignited Required only if item first ignited code is 00 or <70

**E1 Cause of Ignition**  
 Check box if this is an apparent report. Skip to section G

1  Intentional  
 2  Unintentional  
 3  Failure of equipment or heat source  
 4  Hot of nature  
 5  Cause under investigation  
 7  Cause undetermined after investigation

**E2 Factors Contributing To Ignition**  None

20 Mechanical  
 Factor Contributing To Ignition (1)

\_\_\_\_\_  None  
 Factor Contributing To Ignition (2)

\_\_\_\_\_  None  
 Factor Contributing To Ignition (3)

**E3 Human Factors Contributing To Ignition**  
 Check all applicable boxes

1  Alone  None  
 2  Possibly impaired by alcohol or drugs  
 3  Unattended person  
 4  Possibly mental disabled  
 5  Physically Disabled  
 6  Multiple persons involved

7  Age was a factor  
 Estimated age of person involved \_\_\_\_\_

1  Male 2  Female

**F1 Equipment Involved In Ignition**  
 None if equipment was not involved, skip to section G

\_\_\_\_\_  None  
 Equipment Involved

Brand \_\_\_\_\_  
 Model \_\_\_\_\_  
 Serial # \_\_\_\_\_  
 Year \_\_\_\_\_

**F2 Equipment Power**  
 \_\_\_\_\_  
 Equipment Power Source

**F3 Equipment Portability**

1  Portable  
 2  Stationary

Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.

**G Fire Suppression Factors**  
 Enter up to three codes.  None

\_\_\_\_\_  None  
 Fire suppression factor (1)

\_\_\_\_\_  None  
 Fire suppression factor (2)

\_\_\_\_\_  None  
 Fire suppression factor (3)

**H1 Mobile Property Involved**  
 None

1  Not involved in ignition, but burned  
 2  Involved in ignition, but did not burn  
 3  Involved in ignition and burned

**H2 Mobile Property Type & Make**

H1 Passenger car  
 Mobile property type

BU Buick  
 Mobile property make

\_\_\_\_\_  None  
 Mobile property model

\_\_\_\_\_  None  
 Year

\_\_\_\_\_  None  
 License Plate Number

\_\_\_\_\_  None  
 State

\_\_\_\_\_  None  
 VIN Number

**Local Use**  
 Pre-Fire Plan Available  
 Some of the information presented in this report may be based upon reports from other agencies

Arson report attached  
 Police report attached  
 Coroner report attached  
 Other reports attached

| Apparatus or Resource             | Data and Times                               |          |           |             | Sent<br><input checked="" type="checkbox"/> | Number of People                    | Use<br>Check USE box for each apparatus to indicate its main use at the incident. | Actions Taken   |                          |                          |
|-----------------------------------|--|----------|-----------|-------------|---|-------------------------------------|---|---|--------------------------|--------------------------|
|                                   | Month  | Day      | Year      | Hour        |   |                                     |   | Min   |                          |                          |
| 1 ID <b>195</b><br>Type <b>92</b> | Dispatch <input checked="" type="checkbox"/> | <b>5</b> | <b>27</b> | <b>2004</b> | <b>07:27</b>                                | <input checked="" type="checkbox"/> | <b>1</b>  | <input checked="" type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   | Arrival <input type="checkbox"/>             | <b>5</b> | <b>27</b> | <b>2004</b> | <b>07:32</b>                                | <input checked="" type="checkbox"/> |   |   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   | Clear <input type="checkbox"/>               | <b>5</b> | <b>27</b> | <b>2004</b> | <b>07:42</b>                                |                                     |   |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 ID <b>51</b><br>Type <b>11</b>  | Dispatch <input checked="" type="checkbox"/> | <b>5</b> | <b>27</b> | <b>2004</b> | <b>07:27</b>                                | <input checked="" type="checkbox"/> | <b>3</b>  | <input checked="" type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   | Arrival <input type="checkbox"/>             | <b>5</b> | <b>27</b> | <b>2004</b> | <b>07:32</b>                                | <input checked="" type="checkbox"/> |   |   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   | Clear <input type="checkbox"/>               | <b>5</b> | <b>27</b> | <b>2004</b> | <b>07:42</b>                                |                                     |   |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 ID <b>53</b><br>Type <b>11</b>  | Dispatch <input checked="" type="checkbox"/> | <b>5</b> | <b>27</b> | <b>2004</b> | <b>07:27</b>                                | <input checked="" type="checkbox"/> | <b>3</b>  | <input checked="" type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   | Arrival <input type="checkbox"/>             | <b>5</b> | <b>27</b> | <b>2004</b> | <b>07:32</b>                                | <input checked="" type="checkbox"/> |   |   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   | Clear <input type="checkbox"/>               | <b>5</b> | <b>27</b> | <b>2004</b> | <b>07:42</b>                                |                                     |   |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 ID <b>81</b><br>Type <b>92</b>  | Dispatch <input checked="" type="checkbox"/> | <b>5</b> | <b>27</b> | <b>2004</b> | <b>07:27</b>                                | <input checked="" type="checkbox"/> | <b>4</b>  | <input checked="" type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   | Arrival <input type="checkbox"/>             | <b>5</b> | <b>27</b> | <b>2004</b> | <b>07:32</b>                                | <input checked="" type="checkbox"/> |   |   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   | Clear <input type="checkbox"/>               | <b>5</b> | <b>27</b> | <b>2004</b> | <b>07:42</b>                                |                                     |   |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 ID _____<br>Type _____          | Dispatch <input type="checkbox"/>            |          |           |             |   | <input type="checkbox"/>            |   | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 ID _____<br>Type _____          | Dispatch <input type="checkbox"/>            |          |           |             |   | <input type="checkbox"/>            |   | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 ID _____<br>Type _____          | Dispatch <input type="checkbox"/>            |          |           |             |   | <input type="checkbox"/>            |   | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 ID _____<br>Type _____          | Dispatch <input type="checkbox"/>            |          |           |             |   | <input type="checkbox"/>            |   | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 ID _____<br>Type _____          | Dispatch <input type="checkbox"/>            |          |           |             |   | <input type="checkbox"/>            |   | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <input type="checkbox"/> | <input type="checkbox"/> |

**Type of Apparatus or Resources**

- Ground Fire Suppression**
- 11 Engine
  - 12 Truck or aerial
  - 13 Quint
  - 14 Tanker & pumper combination
  - 16 Brush truck
  - 17 AFB (Aircraft Rescue and Firefighting)
  - 18 Ground fire suppression, other
- Heavy Ground Equipment**
- 21 Dozer or plow
  - 22 Tractor
  - 24 Tanker or tender
  - 20 Heavy equipment, other
- Aircraft**
- 41 Aircraft: Fixed wing tanker
  - 42 Helitanker
  - 43 Helicopter
  - 40 Aircraft, other

- Marine Equipment**
- 51 Fire boat with pump
  - 52 Boat, no pump
  - 50 Marine apparatus, other
- Support Equipment**
- 61 Breathing apparatus support
  - 62 Light and air unit
  - 60 Support apparatus, other
- Medical & Rescue**
- 71 Rescue unit
  - 72 Urban Search & rescue unit
  - 73 High angle rescue unit
  - 75 ALS unit
  - 76 ALS unit
  - 70 Medical and rescue unit, other

**More Apparatus?**  
 Use Additional Sheets

- Other**
- 91 Mobile command post
  - 92 Chief officer car
  - 93 Squad unit
  - 94 Type 1 hand crew
  - 95 Type 2 hand crew
  - 99 Privately owned vehicle
  - 00 Other apparatus/resource
  - 98 None
  - 00 Undetermined