



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 100145

Date Received **2004 SEP 14 AM 6:30** Repository

Reference No.
10087940

OWNER INFORMATION (Type or Print)

Name **[REDACTED]**
Address **[REDACTED]**
City **LUTHERVILLE** State **MD** Zip Code **[REDACTED]**

Daytime Telephone Number **[REDACTED]** E-mail Address
Evening Telephone Number **Same**

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 **[REDACTED]** Date **8/30/04**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **JHMES96613S [REDACTED]** Make: **HONDA** Model: **CIVIC - HYBRID** Model Year: **2003**
Date Purchased: **9-30-03** Dealer's Name and Telephone Number: **Heritage Honda 410-852-3000** Engine: No. of Cylinders: **4** Fuel Type: **9A6/ELECTRIC**
Original Owner: Dealer's City: **Baltimore County** State: **Md.** Zip Code: **21234**
Transmission Type: **AUTOMATIC** Antilock Brakes Cruise Control Powertrain: **[REDACTED]** Vehicle Component Code: **124300 ELECTRICAL SYSTEM: WIRING: REAR COMPARTMENT/TRUNK**
Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): **26-JUN-2004** Failure Mileage: **5000** Failure Speed: **Parked + Locked in Court**

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: DOTM15A8C036): **[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: **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(s), parts repaired or replaced (and if old part is available).

WHILE PARKED, THE VEHICLE'S TRUNK CAUGHT FIRE WITHOUT WARNING. PLEASE PROVIDE ADDITIONAL INFORMATION. *JB

A neighbor came running to our door to report that our car was smoking out in the court. Upon unlocking the doors and trunk, thick smoke poured out and flames greeted us from the rear of the trunk. We could see the source of the flames coming from cables + wires that had been exposed behind the rear wall of the trunk. The black cover for the rear wall had burned away. Before we could decide how to fight the fire, some fire fighters near by at another call, came to our assistance.

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)

There were really no materials available to put out the fire. The only items in the trunk were a man's blk umbrella (nylon) and a small nylon case of tapes, neither of which were damaged because they were in the front of the trunk.

The firefighters first tried an extinguisher which did not work. Then they put one of their big hoses without the usual nozzle and turned on the water from their truck. This put a great deal of water on the job and indeed put it out.

Had these firemen not been on another job very close by, this fire could easily have spread to the gas tank and damaged other vehicles in the cohort, as well as other people.

American Honda has accepted no responsibility and claims no manufacturing defects or equipment failure.

However, the fire report states very specific equipment failure, electric arcing in electrical wire, cable, at the battery. see pg 4. - Fire report

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

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 78173 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

1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



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

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Flag. Please do not check this box unless you are certain that the address is correct.

Incident Type: **0330** - **08**

Street address: **1201** **PURDY** **CT**
 Number/Alphabet Prefix Street or Highway Street Type Suffix

Intersection
 In front of
 Side of
 Adjacent to
 Directions

Apt./Suite/Room City State Zip Code
SPRINGVILLE TOWNSHIP **MD** **21093**

Cross street or directions, as applicable

C Incident Type *
131 Passenger vehicle fire

E1 Date & Time **Midnight is 0000**
 Check boxes if dates are the same as Alarm Date. **Alarm always required**
 Alarm # **06** **26** **2004** **15:46:38**
 Month Day Year Hr Min Sec

E2 Shift & Alarm
 Local Option **Y**
 Shift or Alarm District Station

D Aid Given or Received*
 1 Mutual aid received
 2 Automatic aid reqd.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 6 None

Their Field Their State
 Their Incident Number

E3 Special Studies
 Local Option
 Special Study ID# Special Study Value

F Actions Taken *
11 Extinguish
 Primary Action Taken (1)
 Additional Action Taken (2)
 Additional Action Taken (3)

G1 Resources *
 Check this box and skip this section if an Apparatus or Personnel Code is used.
 Apparatus Personnel
 Suppression **0001** **0004**
 EMS
 Other
 Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values
LOSSES: Required for all fires if known. Optional for non fires. **None**
 Property \$ **000**, **000**
 Contents \$ **000**, **000**
NON-INCIDENT VALUES: Optional
 Property \$ **000**, **000**
 Contents \$ **000**, **000**

Completed Modules
 Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-4
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Annex-11

H1 Casualties None
 Deaths Injuries
 Fire Service
 Civilian

H2 Detector
 Required for Confined Fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release
 None
 1 Natural Gas: gas leak, no container or limited container
 2 Propane gas: **<lt; 1b, vent fan to house and grill**
 3 Gasoline: vehicle fuel tank or portable container
 4 Aerosols: tank, canister, equipment or portable storage
 5 Diesel fuel/Fuel oil: vehicle fuel tank or portable
 6 Household solvents: household spray, cleaning only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans containing < 16 gallons
 9 Other: special studies required or special > 16 gal., **None available for HAZMAT use**

I Mixed Use Property
 NW Not Mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Bus. & Residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use* Structures

131 <input type="checkbox"/> Church, place of worship	341 <input type="checkbox"/> Clinic, clinic type infirmary	539 <input type="checkbox"/> Household goods, sales, repairs
161 <input type="checkbox"/> Restaurant or cafeteria	342 <input type="checkbox"/> Doctor/dentist office	579 <input type="checkbox"/> Motor vehicle/boat sales/repair
162 <input type="checkbox"/> Bar/Tavern or nightclub	361 <input type="checkbox"/> Prison or jail, not juvenile	571 <input type="checkbox"/> Gas or service station
213 <input type="checkbox"/> Elementary school or kindergarten	419 <input type="checkbox"/> 1-or 2-family dwelling	599 <input type="checkbox"/> Business office
215 <input type="checkbox"/> High school or junior high	429 <input type="checkbox"/> Multi-family dwelling	615 <input type="checkbox"/> Electric generating plant
241 <input type="checkbox"/> College, adult education	439 <input type="checkbox"/> Rooming/hearing house	629 <input type="checkbox"/> Laboratory/science lab
311 <input type="checkbox"/> Care facility for the aged	449 <input type="checkbox"/> Commercial hotel or motel	700 <input type="checkbox"/> Manufacturing plant
331 <input type="checkbox"/> Hospital	459 <input type="checkbox"/> Residential, board and care	819 <input type="checkbox"/> Livestock/poultry storage (barn)
	464 <input type="checkbox"/> Dormitory/barracks	882 <input type="checkbox"/> Non-residential parking garage
	519 <input type="checkbox"/> Food and beverage sales	891 <input type="checkbox"/> Warehouse
Outside	936 <input type="checkbox"/> Vacant lot	981 <input type="checkbox"/> Construction site
124 <input type="checkbox"/> Playground or park	938 <input type="checkbox"/> Graded/care for plot of land	984 <input type="checkbox"/> Industrial plant yard
655 <input type="checkbox"/> Crops or orchard	945 <input type="checkbox"/> Lake, river, stream	
669 <input type="checkbox"/> Forest (timberland)	951 <input type="checkbox"/> Railroad right of way	Looking and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 982
807 <input type="checkbox"/> Outdoor storage area	960 <input type="checkbox"/> Other street	Residential street, road or
919 <input type="checkbox"/> Dump or sanitary landfill	961 <input type="checkbox"/> Highway/divided highway	SPRINK-1 Revision 05/11/99
931 <input type="checkbox"/> Open land or field	962 <input checked="" type="checkbox"/> Residential street/driveway	

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 (SFIRS-16) 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
had a small fire in the trunk of the car around the battery

L Authorization

280360 Officer in charge ID	Potts, Dave W Signature	LT Position or rank	30 Assignment	06 Month	26 Day	2004 Year
280360 Officer making report ID	Potts, Dave W Signature	LT Position or rank	30 Assignment	06 Month	26 Day	2004 Year

03100

FDIS *

MD

State *

6

Incident Date *

26

2004

30

Station

04-1781067

Incident Number *

000

Response *

Complete
Narrative

Narrative:

had a small fire in the trunk of the car around the battery

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
 Acres burned (outside fires) Less than one acre

C On-site Materials or Products None

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.

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

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

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

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

D Ignition

D1 02 Cargo/trunk area - all
 Area of fire origin *

D2 1.8 Arming
 Heat source *

D3 01 Electrical wire, cable
 Item first ignited * Not confined to object of origin

D4 _____
 Type of material first ignited Required only if item first ignited code is 00 or 070

E1 Cause of Ignition

Check box if this is an express report. Skip to section 8

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

E2 Factors Contributing To Ignition None

30 Electrical
 Factor Contributing To Ignition (1)

 Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 Intoxicated 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 8

 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

 Fire suppression factor (1)

 Fire suppression factor (2)

 Fire suppression factor (3)

H1 Mobile Property Involved

None

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

H2 Mobile Property Type & Make

11 Passenger car
 Mobile property type

RD Honda
 Mobile property make

Local Use

Fire-Alarm 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

civic 2003
 Mobile property model Year

 License Plate Number State VIN Number

A 03100 MD 6 25 2004 30 04-1781067 000 Delete Change
UNIT State Incident Date Station Incident Number Exposure

NFIRS - 2
Apparatus or Resources

Apparatus or Resources	Date and Times				Sent	Number of People	Use	Actions Taken	
	Dispatch	Arrival	Clear						
1 ID <u>M301</u> Type <u>11</u>	<input type="checkbox"/> Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear	<u>6</u> <u>25</u> <u>2004</u> <small>Month Day Year</small>	<u>15:46</u> <small>Hour Min</small>	<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
2 ID _____ Type _____	<input type="checkbox"/> Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear	_____ <small>Month Day Year</small>	_____ <small>Hour Min</small>	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
3 ID _____ Type _____	<input type="checkbox"/> Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear	_____ <small>Month Day Year</small>	_____ <small>Hour Min</small>	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4 ID _____ Type _____	<input type="checkbox"/> Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear	_____ <small>Month Day Year</small>	_____ <small>Hour Min</small>	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
5 ID _____ Type _____	<input type="checkbox"/> Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear	_____ <small>Month Day Year</small>	_____ <small>Hour Min</small>	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
6 ID _____ Type _____	<input type="checkbox"/> Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear	_____ <small>Month Day Year</small>	_____ <small>Hour Min</small>	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
7 ID _____ Type _____	<input type="checkbox"/> Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear	_____ <small>Month Day Year</small>	_____ <small>Hour Min</small>	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
8 ID _____ Type _____	<input type="checkbox"/> Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear	_____ <small>Month Day Year</small>	_____ <small>Hour Min</small>	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
9 ID _____ Type _____	<input type="checkbox"/> Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear	_____ <small>Month Day Year</small>	_____ <small>Hour Min</small>	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Type of Apparatus or Resources

- Ground Fire Suppression**
 11 Engine
 12 Truck or aerial
 13 Quint
 14 Tanker & pump combination
 16 Brush truck
 17 AER (Aircraft Rescue and Firefighting)
 10 Ground fire suppression, other
Heavy Ground Equipment
 21 Dozer or plow
 22 Excavator
 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
 78 EMS unit
 76 ALS unit
 70 Medical and rescue unit, other

More Apparatus?
Use Additional Sheets

- Other**
 81 Mobile command post
 82 Chief officer car
 83 Hazmat unit
 84 Type 1 hand crew
 85 Type 2 hand crew
 88 Privately owned vehicle
 80 Other apparatus/resource
 99 None
 00 Undetermined

MFIS - Incident
Open Fields

MM DD YYYY

03100
FDID *

MD
State *

6 28 2004
Incident Date *

30
Station

04-1781067
Incident Number *

000
Exposure *

[Empty field for incident details]

BALTIMORE COUNTY FIRE DEPARTMENT

INTL. *DA*

TRUE COPY

DATE *7/27/09*

**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).**