



U.S. Department of Transportation  
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire 2004  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1367

Date Received  
NOV 14 11 2: 58  
08-NOV-2004

Repository   
Reference No.  
10099668

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City SUN VALLEY State NV Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Evening Telephone Number [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 11/10/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1ANDT13W6U2 [REDACTED]  
Make CHEVROLET Model BLAZER Model Year 1997  
Date Purchased Oct-1997 Dealer's Name and Telephone Number CHAMPION CHEVROLET  
Original Owner  Dealer's City Reno State NV Zip Code 89502  
Engine: No. Cylinders  
Transmission Type  Antilock Brakes Powertrain 4 WHEEL DRIVE Vehicle Component Code 110000 ELECTRICAL SYSTEM  
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 04-OCT-2004 Failure Mileage 21000 Failure Speed 65

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make \_\_\_\_\_ Tire Model (Name or Number) \_\_\_\_\_ Tire Size (Example P215/85R15)  
DOT No. (Example: DOTM19ABC036)  Original Equipment  Prior Repair Failure Location KINGMAN ARIZONA  
Tire Component Code \_\_\_\_\_ Tire Failure Type \_\_\_\_\_

DeLan Springs

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 Y

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).

COMPLAINT RECEIVED VIA E-MAIL. MY CAR CAUGHT ON FIRE AND BURNED WHILE DRIVING AT 65 MPH ON THE HIGHWAY. THERE WERE NO BRAKES, BUT IT BURNED ENOUGH TO STOP IN A PERSON'S YARD JUST OFF THE HIGHWAY. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) 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.

AFFIDAVIT OF VEHICLE FIRE

(ALL QUESTIONS MUST BE ANSWERED OR THIS AFFIDAVIT MAY BE REJECTED)

Policy Number [redacted]
HOLDER [redacted]
Name [redacted]
Address [redacted]
City/State/Zip [redacted]
Phone No (HOM) [redacted] (W) [redacted]
Drivers Lic No/State [redacted]
Date of Birth [redacted]
Social Security No [redacted]
Occupation [redacted]
Name & Address of Employer [redacted]
Length of Employment [redacted]
Salary \$ [redacted]
Sex [redacted]
Married & Age [redacted]
Divorced? (YES/NO) [redacted]

DATE 10-04-04 Time 4:00 AM
Was vehicle locked? YES/NO
Were keys in vehicle? YES/NO
Location of vehicle at time of fire U.S. Highway 93
Reason vehicle left at this location Vehicle was in use
Name of person leaving vehicle at this location Vehicle driven by [redacted] at Mile Post 42
Address of person leaving vehicle at this location [redacted]
Address(es) of all others present [redacted]
Principal use of vehicle? Recreation
When was the fire discovered? Date 10-4-04 Time 4:00 AM By Whom [redacted]
Action after vehicle was discovered burning Called 911

Where was the vehicle fire reported to? [redacted] Date 10-04-04 Time 4:00 AM
By [redacted] Agency Case No. 04-032082 How Reported? 911 / Call Phone / Neighbor / Other
Location of vehicle (Name/Address/Phone No) Mile Post 42 Hwy 93 South, Golden Valley, AZ 85113 - Salvage
Have police made any arrests or have any suspects? YES/NO Do you suspect anyone? (YES/NO) Who, give details?

VEHICLE DESCRIPTION
Year 97 Make Chevy Model TR 2300 Body Type 4 Door Sedan Color Blue
VIN [redacted] Ignition [redacted] License Plate No [redacted] State Arizona Year
Mileage 42000 Title Owner(s) [redacted]
Date of purchase 9-08-97 (NEW/USED) Purchase Price \$ 23,376.78 All items of purchase was vehicle damaged? YES/NO
Seller (Name/Address/Phone) Chevrolet Chevrolet Co. Reno NV
How was vehicle paid for? CASH/CHECK/FINANCED If financed Name & address of Company [redacted]
Amount of loan \$ [redacted] Loan term (months) 60 Monthly payment \$ 567.16
Has vehicle been for sale? YES/NO Any offers? YES/NO What?
Are all sets of keys in your possession? YES/NO Any other keys on this vehicle? YES/NO
Name of company and policy no [redacted]

OPTIONAL EQUIPMENT
OD (A/D)
POWER OPTIONS
Power Steering (S) Power Passenger Seat
Power Brakes (S) Power Antenna
Power Windows (S) Power Mirror(s)
Power Locks (S) Power Trunk Release
Power Driver Seat (S) Rear Window Wiper

(AB) Anti-Lock Brakes

**DR/CONVENIENCE**

- Air Conditioning
- Rear Defogger
- TR Wheel
- Cruise Control
- Cloth Seats
- Leather Seats
- Tinted Glass
- Intermittent Wipers
- Restoring Seats
- Air Bag
- Passenger Air Bag

**RADIO**

- ALAM
- CB FM
- ST Stereo
- CD Cassette
- SP Seek/Scan
- BQ Equalizer
- CD CD Player

**ROOF OPTIONS**

- VR Vinyl Roof
- ES Electric Steel-Sun
- EG Electric Glass-Sun
- MG Manual Glass-Sun
- MS Manual Steel-Sun
- FR Flip Roof
- TI T-tops

**WHEEL OPTIONS**

- AW Aluminum Wheels
- AY Alloy Wheels
- LC Locking Wire Wheels
- SY Styled Steel Wheels
- WW Wire Wheels
- WC Wire Wheel Covers
- RW Rally Wheels

**TRUCK/VAN OPTIONS**

- Step Bumper
- Sliding Rear Window
- Auxiliary Fuel Tank
- Fog Lights
- Bed Floor
- Chrome Bed rails
- Roll bar
- Running Boards
- Dual Air Conditioning
- Dual Rear Wheels
- Permanent Tool Box
- Long bed
- Swivel Cpt Chairs
- Aluminum Brand
- Aggs
- Cost \$

TRANSMISSION: Mileage at time of work \_\_\_\_\_  
Who performed work (Name/Address/Phone) \_\_\_\_\_

Date completed \_\_\_\_\_ Cost \$ \_\_\_\_\_ Receipt? YES/NO \_\_\_\_\_

TIRES: Brand & Size \_\_\_\_\_  
Who purchased (Name/Address/Phone) \_\_\_\_\_  
Date purchased \_\_\_\_\_ Mileage \_\_\_\_\_ Cost \$ \_\_\_\_\_

INTERIOR: LEATHER VINYL CLOTH OTHER \_\_\_\_\_  
Who performed work (Name/Address/Phone) \_\_\_\_\_  
Date completed \_\_\_\_\_ Cost \$ \_\_\_\_\_ Receipt? YES/NO \_\_\_\_\_

VEHICLE CONDITION: POOR GOOD FAIR **EXCELLENT**

ENGINE: Mileage at time of work \_\_\_\_\_  
Who performed work (Name/Address/Phone) \_\_\_\_\_  
Date completed \_\_\_\_\_ Cost \$ \_\_\_\_\_ Receipt? YES/NO \_\_\_\_\_

PAINT: BASIC STANDARD CUSTOM  
Who performed work (Name/Address/Phone) \_\_\_\_\_  
Date completed \_\_\_\_\_ Cost \$ \_\_\_\_\_ Receipt? YES/NO \_\_\_\_\_

STEREO: Components \_\_\_\_\_  
Who performed work (Name/Address/Phone) \_\_\_\_\_  
Date Completed \_\_\_\_\_ Cost \$ \_\_\_\_\_ Receipt? YES/NO \_\_\_\_\_

Who performed regular maintenance service (Name/ Address/ Phone) \_\_\_\_\_  
Date last serviced \_\_\_\_\_ What was done? \_\_\_\_\_

**IV POLICY INFORMATION**

How long have you been insured with Allstate? 3/5/02 Present insurance agent Larry Hall Sr  
Previous insurance Company \_\_\_\_\_ Policy No \_\_\_\_\_ Date you changed companies? 3/7/02

Ever been canceled, terminated or non-renewed by a prior insurance company? (YES/NO) If yes, give details: \_\_\_\_\_

Any other insurance claims in the past five (5) years? (YES/NO) If yes, give details (date, location, insurance company, cause and settlement): \_\_\_\_\_

IF any information provided in this affidavit is false it may be the basis for a denial of your claim. This affidavit must be signed, notarized and returned by mail to Allstate Insurance Company claims office. All questions must be answered or this affidavit may be rejected. I certify that I have read this affidavit. Are the answers you have given true? **YES** NO  
POLICYHOLDER(S) \_\_\_\_\_ Signature(s) \_\_\_\_\_

Address \_\_\_\_\_, Sun Valley, NV

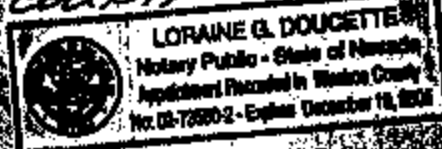
Subscribed & sworn to before me, this 11th day of October, 2004  
Lorraine G. Doucette  
Notary Public

My Commission Expires: 12-19, 2005

STATE OF NEVADA  
COUNTY OF WASHOE

State of Nevada  
County of WASHOE

This instrument was acknowledged before me on 10-11-2004



Present to NRS 693A.291, 401.009, 401.010, 401.011, 401.012, 401.013, 401.014, 401.015, 401.016, 401.017, 401.018, 401.019, 401.020, 401.021, 401.022, 401.023, 401.024, 401.025, 401.026, 401.027, 401.028, 401.029, 401.030, 401.031, 401.032, 401.033, 401.034, 401.035, 401.036, 401.037, 401.038, 401.039, 401.040, 401.041, 401.042, 401.043, 401.044, 401.045, 401.046, 401.047, 401.048, 401.049, 401.050, 401.051, 401.052, 401.053, 401.054, 401.055, 401.056, 401.057, 401.058, 401.059, 401.060, 401.061, 401.062, 401.063, 401.064, 401.065, 401.066, 401.067, 401.068, 401.069, 401.070, 401.071, 401.072, 401.073, 401.074, 401.075, 401.076, 401.077, 401.078, 401.079, 401.080, 401.081, 401.082, 401.083, 401.084, 401.085, 401.086, 401.087, 401.088, 401.089, 401.090, 401.091, 401.092, 401.093, 401.094, 401.095, 401.096, 401.097, 401.098, 401.099, 401.100, 401.101, 401.102, 401.103, 401.104, 401.105, 401.106, 401.107, 401.108, 401.109, 401.110, 401.111, 401.112, 401.113, 401.114, 401.115, 401.116, 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402.005, 402.006, 402.007, 402.008, 402.009, 402.010, 402.011, 402.012, 402.013, 402.014, 402.015, 402.016, 402.017, 402.018, 402.019, 402.020, 402.021, 402.022, 402.023, 402.024, 402.025, 402.026, 402.027, 402.028, 402.029, 402.030, 402.031, 402.032, 402.033, 402.034, 402.035, 402.036, 402.037, 402.038, 402.039, 402.040, 402.041, 402.042, 402.043, 402.044, 402.045, 402.046, 402.047, 402.048, 402.049, 402.050, 402.051, 402.052, 402.053, 402.054, 402.055, 402.056, 402.057, 402.058, 402.059, 402.060, 402.061, 402.062, 402.063, 402.064, 402.065, 402.066, 402.067, 402.068, 402.069, 402.070, 402.071, 402.072, 402.073, 402.074, 402.075, 402.076, 402.077, 402.078, 402.079, 402.080, 402.081, 402.082, 402.083, 402.084, 402.085, 402.086, 402.087, 402.088, 402.089, 402.090, 402.091, 402.092, 402.093, 402.094, 402.095, 402.096, 402.097, 402.098, 402.099, 402.100, 402.101, 402.102, 402.103, 402.104, 402.105, 402.106, 402.107, 402.108, 402.109, 402.110, 402.111, 402.112, 402.113, 402.114, 402.115, 402.116, 402.117, 402.118, 402.119, 402.120, 402.121, 402.122, 402.123, 402.124, 402.125, 402.126, 402.127, 402.128, 402.129, 40

10/05/04  
11:24

Mohave County Sheriff's Office  
LAW Incident Table:

Page: 199  
1

Incident Number: [REDACTED]  
 Nature: Motorist Assist Case Number: Image:  
 Addr 1ST ;HWY 93 Area:  
 City: DOLAN SPRINGS ST: AZ Zip: 86441 Contact: 80  
 + Complainant: -----+  
 Lst: Fst: Mid:  
 DOB: SSN: Adr:  
 Rac: Sx: Tel: Cty: ST: Zip:  
 +-----+

Offense Codes: MAST Reported: MAST Observed:  
 Circumstances:  
 Rspndg Officers: Albright, K.  
 Rspnsbl Officer: Albright, K. Agency: MOH CAD Call ID: 1030637  
 Received By: SEWARD, D. Last RadLog: 18:13:41 10/04/04 98  
 How Received: T Telephone Clearance:  
 When Reported: 17:49:30 10/04/04 Disposition: IO Disp Date: 10/04/04  
 Occurrd between: 17:49:30 10/04/04 Judicial Sts:  
 and: 17:49:30 10/04/04 Misc Entry:  
 MO:  
 Narrative:  
 Supplement:

=====

INVOLVEMENTS:

Type	Record #	Date	Description	Relationship
CA	1030637	10/04/04	17:49 10/04/04 Motorist Assist	*Initiating Call

LAW Incident Offenses Detail:

Seq	Code	Offense Codes	Amount
1	MAST	Motorist Assist	0.00

LAW Incident Responders Detail

Responding Officers

Seq	Name	Unit
1	Albright, K.	80

Main Radio Log Table:

Time/Date	Typ	Unit	Code	Zone	Agnc	Description
18:13:41 10/04/04	1	80	98	DIST4	MOH	incid#=04-033082 Completed Cal
18:04:43 10/04/04	1	80	NOTE	DIST4	MOH	DR ON 459 AND 98 APR
18:01:22 10/04/04	1	80	NOTE	DIST4	MOH	CONTACT TAXI THEY HAVE CASH WA
18:01:22 10/04/04	1	80	NOTE	DIST4	MOH	+ MP 42 SOUTH OF PFR
17:50:59 10/04/04	1	80	ENRT	DIST4	MOH	incid#=04-033082 Enroute to a

Tom Sheahan  
Sheriff



Jim McCabe  
Chief Deputy

## Mohave County Sheriff's Office Request for Reports

All requests for reports must be in writing. Due to the number of requests, most reports will be available 3 to 5 working days after the date the report is completed and signed off by the supervisor.  
Thank you.

Record Fees: \$5.00 per report up to 20 pages and \$.25 for each additional page. Make checks payable to Mohave County Sheriff's Office

Mailing Address:  
Mohave County Sheriff's Office  
P.O. Box 1191  
Kingman, AZ 86402

The report will be mailed or made available for pick up as soon as processing is completed.

Date of Request:	Time of Request:	Report No:
<input type="checkbox"/> Please Mail Report	<input type="checkbox"/> Call Me When Report Is Ready For Pick-Up	
Name:		Telephone No:
Mailing Address:		
City:	State:	Zip:
Requesting Parties Relationship to Incident:		
Nature of Incident:		
Persons Involved:		
Location of Incident:		
Purpose for Documents:		
Signature: _____		Date: _____

600 West Beale Street P.O. Box 1191 Kingman, Arizona 86402  
PHONE: (928) 753-0753 FAX: (928) 753-0765



**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).**