



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 1372

Date Received	Repository <input type="checkbox"/>
16-DEC-2004	Reference No. 10103926

OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
UPLAND	CA	[REDACTED]	
Daytime Telephone Number		E-mail Address	
[REDACTED]			
Evening Telephone Number			

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTFX27LSVK [REDACTED]	FORD	F250 LD	1997
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
12-97	Citrus Motors (909) 390 0930	8	Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code
	Ontario	CA	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code
A4to	<input checked="" type="checkbox"/> Cruise Control	5.4 V1P	110000 ELECTRICAL SYSTEM
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s)	Failure Mileage	Failure Speed	
17-OCT-2004	170000	None	

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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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				
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>				
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police
		0	0	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).

VEHICLE PARKED FOR 2 DAYS AND STARTED ON FIRE IN THE ENGINE COMPARTMENT. HEARD HORN BLOWING AND SAW VEHICLE ON FIRE. TWO MONTHS PRIOR TO THE FIRE CRUISE CONTROL STOPPED WORKING. NO AFTER MARKET EQUIPMENT. THERE WERE TRAVEL TRAILER WIRING THAT WAS AT THE BACK OF THE TRUCK. INSURED BY UNITRIN 800-777-4342 JL RAUSIN. \*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.

2004-0404495-000

Basic	
Alarm Date and Time	06:03:34 Sunday, October 17, 2004
Arrival Time	06:11:40
Controlled Date and Time	
Last Unit Cleared Date and Time	07:47:52 Sunday, October 17, 2004
Response Time	0:08:06
Priority Response	Yes
Completed	Yes
Fire Department Station	S162
Shift	A
Incident Type	131 - Passenger vehicle fire
Initial Dispatch Code	FS
Aid Given or Received	N - None
Action Taken 1	11 - Extinguish
Action Taken 2	86 - Investigate
Apparatus - Suppression	5
Personnel - Suppression Personnel	13
Property Loss	\$8,200.00
Contents Loss	<del>\$0.00</del> 1000.00
Property Value	\$8,200.00
Contents Value	<del>\$0.00</del> 1000.00
Property Use	965 - Vehicle parking area
Location Type	Address
Address	678 E VALLEY VIEW CT
City, State Zip	Upland, CA 91784
District	162
Latitude	117.64295
Longitude	034.149003

Person Involved/Property Owner - Norlund, Ernest

Owner	Yes
Last Name	[REDACTED]
First Name	[REDACTED]
Street Address	[REDACTED]
City, State Zip	Upland, AZ [REDACTED]
Phone	[REDACTED]

Fire

Area of Origin	80 - Vehicle area, other
Heat Source	13 - Arcing
Item First Ignited	81 - Electrical wire, cable insulation
Type of Material	41 - Plastic
Cause of Ignition	2 - Unintentional
Contribution To Ignition 1	34 - Unspecified short-circuit arc
Human Factors	None
Mobile Equipment Involved	3 - Involved in ignition and burned
Mobile Equipment Type	11 - Passenger car.
Mobile Equipment Make	FO - Ford

Fire	
Mobile Equipment Model	F250 Pickup Ext Cab
Mobile Equipment Year	1997
Mobile Equipment License	[REDACTED]
Mobile Equipment State	CA

End of Report