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

2005

FOR AGENCY USE ONLY 100247

Date Received: JAN 26 PM 5:39 — 22-DEC-2004

Repository ☐

Reference No. 10105249

OWNER INFORMATION (Type or Print)

Name

Address

City: APPLETON | State: WI | Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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: [signature] Date: 01/18/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G8ZH52891Z	SATURN	SL1 4D Sedan	2001

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
NOV. 24 2000	Saturn of Appleton 1000 S Nicolet Road	No: Cylinders 4	unleaded
Original Owner ☒	Dealer's City: 920 735-2900 Appleton	State: WI Zip Code: 54914	

Transmission Type		Powertrain	Vehicle Component Code
	☒ Antilock Brakes ☒ Cruise Control		110000 ELECTRICAL SYSTEM Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
03-DEC-2004			

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: DOTMALSABC035)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No	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 (e.g., parts repaired or replaced (and if old part is available).

ON DECEMBER 3, 2004, THE CONSUMERS VEHICLE CAUGHT ON FIRE. AN INVESTIGATION WAS DONE BUT THE CAUSE WAS STILL UNDETERMINED. *JB

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

PART TWO – OFFENSE INFORMATION (Revision Six) DISTRICT OF OCCURRENCE: **NORTHERN**

INCIDENT LOCATION: **2312 N. Bay St.** SUPPLEMENT CODE: (Yes-S)

OFF. NO: **9158** DATE: **12-16-04** ISC/OFFENSE: **9608 Assist Fire Department**

OFFENSE STATUS: **4** 1-Unfound; 2-Unable to Locate; 3-Situation Resolved; 4-Referred to Other Agency; 5-Cleared by Arrest; 6-Except-Cleared; 7-Continued; 8-Inactive; 9-Voided.

CLEARED BY: **2** 1-Operations; 2-IS; 3-Administration; 4-Other Agency

ORIGINAL

PRIORITY PROCESSING (YES-Y) JUVENILE CODE: (Yes-J)

DATE OF INCIDENT: FROM **12-02-04** DAY: **0256** TIME: **5** (hours)

1-SUN 2-MON 3-TUE 4-WED 5-THU 6-FRI 7-FRI

TO DAY: TIME: (hours)

CONTACT DATE: **12-16-04** REFER REPORT TO

CONTACT CODES: AR-Adult Arrest; AD-Adult Defendant; CC-Citizen Contact; CO-Complainant; DR-Driver; DI-Informant; JA-Juvenile Arrest; JD-Juvenile Defendant; MR-Missing/Runaway; OA-Other Agency; ON-Owner; RP-Reporting Person; SU-Suspect VC-Victim; WT-Witness; FC-Fingerprinted Person; RA-Reported Anonymously

CONTACT CODE: **CO/ON**

DATE OF BIRTH

STREET NUMBER DIRECTION/NAME/TYPE Apt. No.

APPLETON CITY **WISCONSIN** STATE

TELEPHONE NO: HOME WORK

DRIVER'S LIC SOCIAL SECURITY # JUVENILE ☐ YES ☒ NO

ACTIONS: **0** X-Not Given; 0-Cooperative; 1-Resisted; 2-Uncooperative; 3-Armed; 4-Combative; 5-Assaulted Officer

SEX: M or F **F** RACE: **1** X-Not given; 1-White; 2-Black; 3-Native American; 4-Asian; 5-Other

SPEECH: **1** 1-Normal; 2-Rapid; 3-Slow; 4-Foreign Accent; 5-Impaired

HAIR COLOR: 0-Bald/Thinning; 1-Black; 2-Blond/Straw; 3-Brown; 4-Gray; 5-Red/Auburn; 6-Sandy; 7 White; 8-Other

EYE COLOR: 0-Brown; 1-Blue; 2-Hazel; 3-Black; 4-Green; 5-Gray; 6-Maroon; 7-Pink; 8-Other

SKIN TYPE: 1-Pale/White; 2-Light' 3-Medium; 4-Dark; 5-Very Dark; 6-Freckled

HEIGHT: FT , IN: WEIGHT lbs HAIR TYPE: 1-Curly/Wavy; 2-Tight Curl/Afro 3-Bald/Shaved; 4-Thinning/Receding; 5-Straight

ETHNIC: Y-Hispanic

SCARS/MARKS:

Notes:

FINGERPRINT: **N** (Y or N) PHOTOGRAPH: **N** (Y or N)

PART EIGHT – SUMMARY OF INCIDENT PRESS INFORMATION OFFICER **SGT MEYER/9158**

Appleton Fire Inspector Noel asked for assistance in investigating the fire of a car parked inside a garage at 2312 N. Bay St. The cause of the fire is undetermined and Noel learned that the RP has reported several other incidents as well as fires in the past. On 12-16-04 Inspector Noel and I interviewed the RP. He denied any involvement in starting the fire.

INCIDENT NO: 041203049B7

PART THREE—CONTACT INFORMATION (INDIVIDUALS) (Revision Six)

ORIGINAL

OFFICER #: **INVESTIGATOR MEYER/9158** DATE: 12-18-04

CONTACT DATE: REFER REPORT TO:

CONTACT CODES: AR-Adult Arrest; AD-Adult Defendant; CC-Citizen Contact; CO-Complainant; DR-Driver; IN-Informant; JA – Juvenile Arrest; JD-Juvenile Defendant; MR-Missing/Runaway; OA-Other Agency; OW-Owner; RP-Reporting Person; SU-Suspect; VC-Victim; WT-Witness; FC-Fingerprint Person; RA-Reported Anonymously;

CONTACT CODE: **CO/ON**

COMMERCIAL or LAST NAME | FIRST NAME | MIDDLE INITIAL | GENERATION

DATE OF BIRTH:

STREET NUMBER | DIRECTION/NAME/TYPE | APARTMENT NUMBER

APPLETON | **WISCONSIN**

CITY | STATE | ZIP CODE

TELEPHONE HOME / WORK / FAX / CELL /PAGER

DRIVER'S LIC SOCIAL SECURITY JUVENILE: YES NO

ACTIONS: **0** X-Not Given;0-Cooperative; 1-Resisted; 2-Uncooperative; 3-Armed; 4-Combative; 5-Assaulted Officer

SEX: M or F **M** RACE: **1** X-Not Given; 1-White; 2-Black; 3-Native American; 4-Asian; 5-Other

SPEECH: **1** 1-Normal; 2-Rapid; 3-Slow 4-Foreign Accent; 5-Impaired

HAIR COLOR: 0-Bald-Thinning; 1-Black; 2-Blonde/Straw; 3-Brown; 4-Gray; 5-Red/Auburn; 6-Sandy; 7-White; 8-Other

EYE COLOR: 0-Brown; 1-Blue; 2-Hazel; 3-Black; 4-Green; 5-Green; 6-Maroon; 7-Pink; 8-Other

SKIN TYPE: 1-Pale/White; 2-Light; 3-medium; 4-Dark; 5-Very Dark; 6-Freckled

HEIGHT: Ft In. WEIGHT: HAIR TYPE: 1-Curly/Wavy; 2-Tight Curl/Afro; 3-Bald/Shaved; 4-Thinning/Receding; 5-Straight

ETHNIC: Y-Hispanic

SCARS/MARKS:

FINGERPRINT: **N** (Y or N) PHOTOGRAPH: **N** (Y or N)

NOTES

PART THREE —SUSPECT/ARREST INFORMATION

STATUS: 1 – Handled w/Dept. & Released; 2 – Referred/Juvenile Court3 – Referred Other Agency; 4 – Referred Other Police Agency 5 – Referred/Adult Court; 6 – Confined; 7 – Released/No charges 8 – Released/Summons; 9 – Released/Charges Pending

SUSPECT CODE: 1 – Suspect; 2 – Misdemeanor Arrest; 3 – Felony Arrest; 4 – City summons; 5 – City/Traffic Summons; 6 – Traffic Citation; 7 – Traffic Warning; 8 – City Ordinance Warning;9 – Vehicle Detect; 10 – Bicycle Violation; 11 – Field Interrogation

WARRANT FILED: (Y or N) CHARGES CODE: (Y or N) SYSTEM ID:

BOND BODY ONLY: (Y or N) RIGHTS READ: (Y or N)

ARREST OFFICER STATUTE ORDINANCE

PART FOUR — WEAPON INFORMATION (Revision Five)

TYPE: 1-Revolver; 2-Pistol; 3-Shotgun; 4-Rifle;5-Knife; 6-Hands/Feet; 7-Other; 8-Club; 9 Vehicle; 10-Threat/Verbal; 11-Simulated Weapon; 12-Missile Device; 13-Handcuffs; 14 Flex Cuffs; 15-Chemical Agent

COLOR: 1-Blue Steel; 2-Chrome; 3-Stainless; 4-Other; 5-Unknown 6-Black; 7-Camouflage; 8-Gold; 9-Wood

GAUGE: WEAPON SEEN? (Y or N)

CAUSED INJURY? 1-Display/Drawn; 2-Minor Injury; 3-Major Injury; 4-Fatal Injury YES –Weapon caused injury NO – Weapon did not cause

INCIDENT NUMBER: 041203-049679

Car Items lost inside the vehicle

1. Sunvisor
2. Jumper Cables
3. A bottle of wiper fluid
4. A bottle of Anti-Freeze
5. A Tire Wrench
6. A Spare Tire
7. A Jack
8. A box of car waxes to give the car a shining coat.
9. Two Umbrellas
10. Three Snow Scrapers
11. Miscellaneous-car papers when there was work done on the car. A Saturn handbook.
12. A large tool box
13. A bottle of water
14. A Car Phone

Matt Smith

Fire damages north Appleton garage

The Post-Crescent

APPLETON – Authorities are searching for the cause of a fire that destroyed a car and heavily damaged a garage early today on the city's north side.

Firefighters were called to at 2:56 a.m. when a passerby noticed smoke coming from an unattached garage at that address.

"When our crews arrived on the scene we found a car inside the garage had been pretty well consumed. It appears the fire smoldered for a long time in the garage," said Fire Inspector Brian Noel.

Noel said that although no cause has been established, investigators are focusing on the car as a source of the blaze.

"The fire doesn't appear to be suspicious at this time, but we haven't ruled anything out," Noel said.

The garage was constructed of bricks, so was not totally destroyed, but sustained structural damage.

No one was injured in the blaze.

Firefighters remained on the scene until about 6 a.m.

WISCONSIN FIRE INCIDENT REPORTING SYSTEM APPLETON FIRE DEPARTMENT

FDID: 44020 INCIDENT# 04-003441-00 DATE OF INCIDENT: 12/02/04 DAY OF WEEK: 5 ALARM TIME: 2:56 ARRIVAL TIME: 2:57
BACK IN SERVICE: 5:45

SITUATION FOUND: 11 STRUCTURE FIRE ACTION TAKEN: 1 EXTINGUISHMENT MUTUAL AID: 3 NOT APPLIC

FIXED PROPERTY USE: 961 RESID PARKING GARAGE IGNITION FACTOR: 000 IGN FACT NOT REPORTD

CORRECT ADDRESS: ST ZIP CODE: CENSUS TRACT: 11501

OCCUPANT NAME: TELEPHONE: ROOM OR APARTMENT: 1

OWNER NAME: ADDRESS: APPLETON TELEPHONE:

METHOD OF ALARM: 1 TELE. DIRECT TO F.D. CO. INSPECTION DISTRICT: 4 SHIFT: 1 # ALARMS: 1

RESPONDED: # FIRE SERVICE PERSONNEL: 16 # ENGINES: 3 # AERIAL APPARATUS: 1 # OTHER VEHICLES: 1

INJURIES FIRE SERVICE: # INJURIES CIVILIAN: # FATALITIES FIRE SERVICE: # FATALITIES CIVILIAN:

ALL FIRES

COMPLEX: 060 WAREHOUSE,STOR COMPX MOBILE PROP: 000 MOBILE PROP TYPE NA

AREA OF FIRE ORIGIN: 083 ENGINE AREA TRANSPRT EQUIPMENT INVOLVED IN IGNITION: 096 VEHICLE

HEAT IGNITION: 000 FORM HEAT IGN NR TYPE OF MATERIAL: 000 TYPE MATERIAL NR FORM OF MATERIAL: 000 FORM OF MATERIAL NR

METHOD OF EXTINGUISHMENT: 005 HOSE LINE/APPAR TANK LEVEL OF FIRE ORIGIN: 001 GR LEVL TO 9 FT ABOV ESTIMATED $ LOSS: 10,000
CONFIRMED $ LOSS: 5,815

STRUCTURE FIRE

OF STORIES: 001 1 STORY CONSTRUCTION TYPE: 006 UNPROTECT ORDINARY

EXTENT OF FLAME DAMAGE: 006 CONFINED STRUCT ORIG EXTENT OF SMOKE DAMAGE: 006 CONFINED STRUCT ORIG

DETECTOR PERFORMANCE: 008 NO DETECTORS PRESENT SPRINKLER PERFORMANCE: 009 NO EQUIP IN ROOM

TYPE OF MATERIAL GENERATING MOST SMOKE: 040 PLASTIC II AVENUE OF SMOKE TRAVEL: 008 NO SIG AVE SM TRAVEL

FORM OF MATERIAL GENERATING MOST SMOKE: 099 FORM OF MATERIAL NC

MOBILE PROPERTY OR EQUIPMENT INVOLVEMENT

IF MOBILE PROPERTY: MAKE: MODEL: SERIAL#: LICENSE#:

IF EQUIPMENT INVOLVED IN IGNITION: AUTO MAKE: SATURN MODEL: SLI SERIAL#: 1G8ZH52691

AFD27 EQUIPMENT AND PERSONNEL

RIG	PERSONNEL	HYD#	HYDRANT LOCATION	PRES	TIME PUMPED HR : MN
300	HOCKETT	___	_____		
306	BAKER	___	_____		
310	NOEL	___	_____		
324	MUELLER WILLIAMS BUECHER	___	_____		
326	LEWIS HARSEL BROWN LEE J	___	_____		
341	SCOTT BORSKI MISTPAS REIGLES	___	_____		

INVESTIGATION REQUESTED: N

DESCRIPTION AND COMMENTS OF INCIDENT

324 RESPONDED FOR A VEHICLE FIRE. UPON AFD ARRIVAL, 324 FOUND THAT THE VEHICLE WAS INSIDE A 4 STALL GARAGE. THE GARAGE WAS HEAVILY FILLED WITH SMOKE AND PARTIALLY INVOLVED IN FIRE. 324'S CREW USED A 1 3/4" ATTACK LINE TO EXTINGUISH FIRE IN THE GARAGE AS WELL AS A SMALL AMOUNT OF FIRE IN THE VEHICLE AND ENGINE COMPARTMENT. UPON KNOCKDOWN, 341'S CREW USED A GAS FAN TO EXPEL SMOKE FROM THE GARAGE. GARAGE WALLS WERE CEMENT BLOCK AND CONTAINED FIRE TO THE GARAGE. NO EXPOSURES WERE AFFECTED.

BASED ON THE RELATIVELY SMALL AMOUNT OF ACTUAL FIRE UPON ARRIVAL, ONCE ALL THE SMOKE HAD CLEARED THE GARAGE, IT WAS QUITE OBVIOUS THAT THE FIRE HAD SNUFFED A LOT OF ITSELF OUT.

324'S CREW COMPLETED OVERHAUL AND STARTED TO GATHER REPORT INFORMATION UNTIL OUR INSPECTOR ARRIVED.

311 ARRIVED ON SCENE AND 324 ASSISTED IN HIS INVESTIGATION (SEE INVESTIGATION REPORT). ALL REMAINING EQUIPMENT WAS PICKED UP. 324 CLEAR.

FIRE LOSS ON 2000 SATURN CONFIRMED AT $5815 PER MARY SMITH APT. 2 12-20-04

FIRE LOSS LETTER SENT TO OWNER 12-15-04 B REICHEL

COPY OF REPORT AND FIRE LOSS LETTER SENT TO METROPOLITAN REPORTING BUREAU BOX 926 WILLIAM PENN ANNEX, PHILADELPHIA PA 19105-0926 1-6-05 BREICHEL

REVIEWED BY: CODE: 077 NAME: BERGER BILL DATE: 12/06/04