



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 100218

Date Received: 1/17/05
27-JAN-2005
Repository
Reference No. 10109108

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: HOUSTON State: TX Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]
Evening Telephone Number: [REDACTED]
E-mail Address: [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: [REDACTED] Date: 2/17/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number (Last 4 on left, or windshield on driver's side): [REDACTED] Make: FORD Model: F250 Model Year: 2002
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: DUB MILLER FORD 281-372-5611 Engine: 6 LITER Fuel Type: GAS
No. of Cylinders: 10
Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: [REDACTED] Vehicle Component Code: 110000 ELECTRICAL SYSTEM
Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 18-JAN-2005 Failure Mileage: [REDACTED] 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 P215/85R15): [REDACTED]
DOT No. (Example: DOTM19ABC036): [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), Fatality, 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; i.e. parts repaired or replaced (and if old part is available).

WHILE THE VEHICLE WAS PARKED IT CAUGHT ON FIRE. THE FIRE DEPARTMENT EXTINGUISHED THE FIRE. VEHICLE WAS TOWED TO A DEALER FOR INSPECTION. THE CAUSE HAS NOT BEEN DETERMINED. *AK

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

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

INCIDENT REPORT CVFD

NFIRS-1

DELETE
 CHANGE

| | | | | | | | | | | | |
|---|---|--------------------------|------------------------------|--|------------------------|-------------------------|---|------------------------|--------------------------|--|--------------|
| A | FDID 00000 | INCIDENT NO 05-000245 | EXP NO 00 | MO 01 | DAY 18 | YR 05 | DAY OF WEEK Tuesday 3 | ALARM TIME 18:04:00 | ARRIVAL TIME 18:08:00 | IN SERVICE 18:34:00 | |
| B | TYPE OF SITUATION FOUND Vehicle Fire 13 | | | | | | TYPE OF ACTION TAKEN Extinguishment 1 | | | MUTUAL AID <input type="checkbox"/> Recd <input type="checkbox"/> Given | |
| C | FIXED PROPERTY USE Not Applicable | | | | | | IGNITION FACTOR 008 Mechanical Failure | | | | 50 |
| D | CORRECT ADDRESS Houston, TX | | | | | | | CO. HA | TWN | ZIP CODE | CENSUS TRACT |
| E | OCCUPANT NAME | | | | | | | TELEPHONE | | ROOM/APT NO | |
| F | OWNER NAME | | | | ADDRESS Houston, TX | | | | TELEPHONE | | |
| G | METHOD OF ALARM FROM PUBLIC Telephone Tie Line 7 | | | TYPE OF ALARM District 1 Bell Alarm 1 | | | DISTRICT 1 | SHIFT V | STATION 3 | NO. ALARMS 1 | |
| H | 011 USED Yes | | PERSONNEL RESPONDED Y 007 | ENGINES RESPONDED 002 | | AERIAL APPARATUS 000 | | OTHER VEHICLES 001 | | | |

ALL INCIDENTS

| | | | | | | |
|---|--|--|-----------|--|--|-----------|
| I | NUMBER OF INJURIES FIRE SERVICE 000 | | OTHER 000 | NUMBER OF FATALITIES FIRE SERVICE 000 | | OTHER 000 |
|---|--|--|-----------|--|--|-----------|

CAS

| | | | | | | |
|---|---|--|--|--|---|---------------------------|
| J | COMPLEX No Complex 88 | | | MOBILE PROPERTY TYPE Passenger Vehicle 10 | | |
| K | AREA OF FIRE ORIGIN Engine Area, Running Gear 83 | | | EQUIPMENT INVOLVED IN IGNITION Vehicle 88 | | |
| L | FORM OF HEAT OF IGNITION Heat Ignition (class) 89 | | TYPE OF MATERIAL IGNITED Material Not Classified 99 | | FORM OF MATERIAL IGNITED Not Classified 99 | |
| M | METHOD OF EXTINGUISHMENT Preconnect w/Tank Water 8 | | LEVEL OF FIRE ORIGIN Grade to +6' 1 | | ESTIMATED LOSS 20,000 | ESTIMATED VALUE 20,000 |

ALL FIRES

| | | | | | | |
|---|--|--|--|------------------------|------------------------|--|
| N | NUMBER OF STORIES | | | CONSTRUCTION TYPE | | |
| O | EXTENT OF FLAME DAMAGE | | | EXTENT OF SMOKE DAMAGE | | |
| P | DETECTOR PERFORMANCE | | | SPRINKLER PERFORMANCE | | |
| Q | IF SMOKE SPREAD BEYOND ROOM OF ORIGIN | | TYPE OF MATERIAL GENERATING MOST SMOKE | | AVENUE OF SMOKE TRAVEL | |
| R | FORM OF MATERIAL GENERATING MOST SMOKE | | | | | |

STRUCTURE

| | | | | | | | |
|---|-----------------------------------|--|------------|--------------|---------------|-------------------------|---------------------------|
| S | IF MOBILE PROPERTY | | YEAR 01 | MAKE Ford | MODEL F250 | SERIAL NO. AN4245983 | LICENSE NO. [REDACTED] |
| T | IF EQUIPMENT INVOLVED IN IGNITION | | YEAR 01 | MAKE Ford | MODEL F250 | SERIAL NO. AN4245983 | LICENSE NO. 6CKY68 |

[X] CHECK IF COMMENTS

| | | | | |
|---|---|--|--|--------------------|
| U | OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) Greg Fletcher | | | DATE 01/18/2005 |
| | MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE) Greg Fletcher | | | DATE 01/22/2005 |

11/21/05