



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

2005 JAN 20 5 AM

Repository

Reference No.  
10100300

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City GARLAND State TX Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
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 actual name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1/1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at corner of windshield on driver's side  
1 FTEX15N5SK Make FORD Model F150 Model Year 1985  
Date Purchased 6/23/95 Dealer's Name and Telephone Number TOWN EAST FORD Engine: No. Cylinders 8 Fuel Type: Gas  
Original Owner  Dealer's City MESQUITE State TX Zip Code 75150  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain Vehicle Component Code 110000 ELECTRICAL SYSTEM Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 02-NOV-2001 Failure Mileage 75000 Failure Speed 9-NOV-2001

**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: DOTM1SABC038)  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  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 PARKED IN THE DRIVEWAY VEHICLE CAUGHT ON FIRE WITHOUT WARNING. AS A RESULT, THE VEHICLE WAS CONSIDERED A TOTAL LOSS. \*AK

VEHICLE WAS LAST DRIVEN FRIDAY, NOV. 16, 2001 AND PARKED. ON MONDAY, NOV 19, 2001 NOTICED SMOKE, WENT OUTSIDE AND DISCOVERED ENGINE COMPARTMENT ON FIRE. GARLAND FIRE DEPT TRUCK #1 RESPONDED AND PUT OUT FIRE. INSURANCE COMPANY TOTALED TRUCK

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.

## Incident Report

Gerland Fire Department

2001-0116161-000

## Basic

Alarm Date and Time	13:11:06	Monday, November 19, 2001
Arrival Time	13:19:13	
Controlled Date and Time		
Last Unit Cleared Date and Time	13:40:41	Monday, November 19, 2001
Response Time	0:08:07	
Priority Response	Yes	
Completed	Yes	
Fire Department Station	88	
Shift	C	
Incident Type	131 - Passenger vehicle fire	
Aid Given or Received	N - None	
Action Taken 1	11 - Extinguish	
Apparatus - Suppression	1	
Personnel - Suppression Personnel	4	
Property Loss	\$0.00	
Contents Loss	\$0.00	
Property Value	\$0.00	
Contents Value	\$0.00	
Property Use	965 - Vehicle parking area	
Location Type	Address	
Address		
City, State Zip	Gerland, TX	

## Fire

Area of Origin	83 - Engine area, running gear, wheel area
Heat Source	13 - Arcing
Item First Ignited	81 - Electrical wire, cable insulation
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	10 - Passenger road vehicle, other
Mobile Equipment Make	FO - Ford

## Apparatus - E81

Apparatus ID	E81
Response Time	0:06:54
Apparatus Dispatch Date and Time	13:11:06 Monday, November 19, 2001
En route to scene date and time	13:12:19 Monday, November 19, 2001
Apparatus Arrival Date and Time	13:19:13 Monday, November 19, 2001
Apparatus Clear Date and Time	13:40:41 Monday, November 19, 2001
Apparatus priority response	Yes
Number of People	4
Apparatus Use	1
Apparatus Type	11 - Engine
Personnel 1	4856 - CURRY, JOHN T Position: FF
Personnel 2	2102 - SMITH, PHILLIP W Position: CAPT/PM

## Incident Report

Garland Fire Department

2801-0116161-000

Apparatus - E81	
Personnel 3	2582 - GREEN, LONNIE J Position: DE/PM
Personnel 4	3219 - DIFFER, JONATHAN D Position: FF/PM
Authority	
Reported By	2102 - SMITH, PHILLIP W 17:03:50 Monday, November 19, 2001
Officer in Charge	2102 - SMITH, PHILLIP W 17:03:51 Monday, November 19, 2001
Reviewer	
Narratives	
Narrative Name	CAD Narrative
Narrative Type	CAD Narrative
Author	-
Narrative Text	F0116161 FIRE NON MEDICAL RESPONSE RECOMMENDED UNIT(S): E81 VEH IN ALLEY BE
Narrative Name	E81
Narrative Type	Incident
Narrative Date	17:03:55 Monday, November 19, 2001
Author	2102 - SMITH, PHILLIP W
Author Rank	CAPT/PM
Author Assignment	1
Narrative Text	At 1311 hours on Monday November 19, 2001 we were dispatched to a passenger vehicle fire. One unit was assigned to this incident. Four personnel responded. We arrived on scene at 1319 hours and cleared at 1340 hours. The incident occurred at Garland. The local station is SE. The general description of this property is vehicle parking area. The primary task(s) performed at the scene by responding personnel was extinguishment. No mutual/automatic aid was given or received.  "Engine area, running gear, wheel area" best describes the primary use of the room or space where the fire originated. "Arcing" best describes the heat source that caused the ignition. The cause of ignition was unintentional. The use, or purpose of the material that was first ignited was "electrical wire, cable insulation". "Unspecified short-circuit arc" contributed to the ignition of the fire.  Alarm number 0116161 has been assigned to this incident.

End of Report

**UNITRIN**  
MULTI LINE INSURANCE

*[Handwritten signature]*

11/28/2001

RE: INSURED :  
CLAIM NUMBER : 011000011192874 }  
POLICY NUMBER : TCA 5724505  
DATE OF LOSS : 11/19/2001  
CLAIMANT :

DEAR .....  
PER OUR CONVERSATION I EXTENDED THE FOLLOWING OFFER TO YOU FOR THE  
1995 FORD F150 PICKUP THAT WAS A TOTAL LOSS.

\$9,125.00  
+ 570.31 TAX  
+ 80.00 TITLE

-----  
\$9,775.31

AS WE DISCUSSED PLEASE LOOK OVER THE MARKET VALUATION REPORT AND  
MAKE SURE ALL ITEMS WERE INCLUDED IN THE REPORT. MY TELEPHONE  
NUMBER IS 214-360-8078.

SINCERELY,

*[Handwritten signature]*

SUSAN AUGUSTINE  
CLAIMS REPRESENTATIVE

CC:

G0000088