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 100216

Date Received	Repository
31-JAN-2005	Reference No. 10109370

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City HOUSTON	State TX	Zip Code

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
1FMBU17C9WU[redacted] 1FMRU17L9WL[redacted]	FORD	EXPEDITION	1998

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
12-28-2002	CHAMPION FORD 713-371-4000			No. Cylinders 8	GASOLINE
Original Owner ☒ ?	Dealer's City HOUSTON	State TX	Zip Code 77034		

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
06-DEC-2004	120,000	PARKED	CRUSE CONTROL SWITCH

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: DOTMALSABC036)	☐ 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 Death/s	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; i.e, parts repaired or replaced (and if old part is available).

WHILE THE VEHICLE WAS PARKED IT CAUGHT ON FIRE ON ITS OWN. THE FIRE DEPARTMENT EXTINGUISHED THE FIRE. THEN, VEHICLE WAS ~~TOWED TO DEALERSHIP~~ IN THE DEALERS REPAIR PARKING LOT, AND IS STILL THERE

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

EXPEDITION WAS FOUND ON FIRE ON 12-6-04 AROUND 5AM BY SECURITY GUARD. FIRE WAS IN THE ENGINE AREA WITH THE F.D.V. AND HOOD LOCKED. CALLED FIRE DEPT. 5:19 A.M. ARRIVED 5:25 AM. LEFT 6:12 A.M.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

HOUSTON TX 770
PM
17 MAY
2005

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

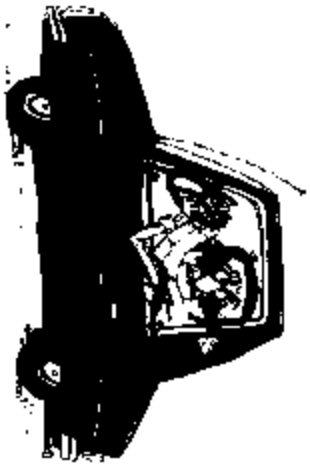
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
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www.nhtsa.dot.gov/hotline

HOUSTON FIRE DEPARTMENT
INCIDENT REPORT
RUN NUMBER 0412060101

Incident No	Date/Time	Ref No.	Call Type	Alarm level	Alarm Method
0412060101	12/06/2004 05:19:52		FFHVAA	0	T

District	Station	Shift	Call Box

Resources	Apparatus	Personnel
Suppression	2	6
EMS	0	0
Other	0	0

Dates and Times	
Dispatch	12/06/2004 05:20:00
Enroute	12/06/2004 05:21:29
On_Scene	12/06/2004 05:24:54
Clear	12/06/2004 06:12:28
Response	00:04:54
Duration	0 Hours 52:28 Minutes

Casualties	Deaths	Injuries
Fire Service	0	0
Civilian	0	0

Location Type	Location		
STREET	10835	ALMEDA GENOA	RD

(Cross Street:)

HO TX Verified: Y

Map One	Map Two	Map Three	Parcel No.	Census Track	Census Block
576Q					

EMS District	Fire District	X-Coordinate	Y-Coordinate	EMS Zone	Fire Zone
		-95220974	29626262		

EXPOSURE No.	Incident Type	Primary Action	Additional Action	Additional Action	Aid Type	Aid Agency
0	VEHICLE	EXTINGUISH			NO AID	

Their Incident No.	Mixed Property Use	Property Use	Detector	Under Control Time	Special Study	Hazmat Rls
		PARKING AREA				

Agency	Officer In Charge	Name	Rank	Assignment
F	052718	MAYFIELD,MICHAEL		

Agency	Report By	Name	Rank	Assignment
F				

Property Total	Lost	Saved	Contents Total	Lost	Saved
10000	10000	0	1	1	0

Exposure Location

Location Type	Location		
STREET	10835	ALMEDA GENOA	RD

(Cross Street:)

HO TX

Map One	Map Two	Map Three	Parcel No.	Census Track	Census Block
576Q					

EMS District	Fire District	X-Coordinate	Y-Coordinate	EMS Zone	Fire Zone
		-95220974	29626262		

HOUSTON FIRE DEPARTMENT
INCIDENT REPORT
RUN NUMBER 0412060101

ALL FIRE

No. Resid Units	No. Buildings	Acres Burned	Origin Area	Heat Source	First Item Ignited	Spread
			ENG AREA	*ARCING*	*ELECTRIC WIRE*	*N*

Material Type	Equip Involved	Ignition Cause	Ignition factor(1)	Ignition factor(2)
PLASTIC	*NO EQUIP INV*	*FAILURE*	*UNSPECIFIED*	

On-Site Material(1)	Type	On-Site Material(2)	Type	On-Site Material(3)	Type

Fire Suppression Factor(1)	Fire Suppression Factor(2)	Fire Suppression Factor(3)

Equipment Brand	Model	Serial No.	Year	Power Source	Portability
					PORTABLE

Human Factor

Asleep *N* **Possible Impaired by alcohol or drugs** *N* **Unattended Person** *N* **Possible mentally disabled** *N*
Physically Disabled *N* **Multiple persons involved** *N* **Age was a factor** *N* **Estimate Age** **Sex**

Local Use

Pre Fire Plan Available *N* **Arson Report Attached** *N* **Police Report Attached** *N*
Coroner Report Attached *N* **Other Report Attached** *N*

Vehicles

Involvement	Role	Tag No	State	Make	Model
INV BURNED	*FIRE*	[redacted]	*TX*	*FORD*	*150_TRK*

PARTIES INVOLVED (PEOPLE)

Type	Role	Name
NAME	*OWNER*	*UNK,UNK*

HOUSTON FIRE DEPARTMENT
INCIDENT REPORT
RUN NUMBER 0412060101

089947
(Accept) FFHVAA
2004-12-06/05:19:49
SPI
HEC053
089947
(Select) ——— (FFHVPRE)
2004-12-06/05:19:50
SPI
HEC053
089947
(Stmnt) Transmit call to dispatcher, (for any suspect, vehicle or other information use Action code 'DP')
2004-12-06/05:19:59
SUGDEF
2004-12-06/05:19:59
SUGG
E052(E.)*
2004-12-06/05:20:00
DSP
HFD060
100672
E052 (E)
2004-12-06/05:20:06
ALRTOK
ALERT RESPONSE: Station 52, Source IP
2004-12-06/05:21:29
ENR
MD0570
FM123
E052
2004-12-06/05:24:54
ONS
MD0570
FM123
E052
2004-12-06/05:54:58
PAREXP
PAR Timer expired after 30 minutes
2004-12-06/05:55:34
PARSTP
HFD064
094473
PARS command issued - PAR timer stopped
2004-12-06/05:55:37
PARSTP
HFD064
094473
PARS command issued - PAR timer stopped
2004-12-06/06:12:28
AOR
MD0570
FM123
E052
2004-12-06/06:12:28
CLOSE
MD0570
FM123

Narrative **By Agency** *F* **Unit** *E052* **Dept ID** **Date** *06-DEC-04*

ford expedition in repair area parking lot for service work. the person who found the vehicle burning stated the fire was first burning in the engine area with the hood shut. upon arrival the vehicle was completely involved in fire. due to the fact the fire was initially noticed in the engine area, the hood was shut and there was no other fire seen any other place and the vehicle was in the repair shop for service work. e52 did not call for arson.

EXPOSURE No.	Incident Type	Primary Action	Additional Action	Additional Action	Aid Type	Aid Agency
1	*VEHICLE*	*EXTINGUISH*	*OTH:ASSIST*		*NO AID*	

Their Incident No.	Mixed Property Use	Property Use	Detector	Under Control Time	Special Study	Hazmat Rls
		PARKING AREA				

Officer In Charge **Rank**