U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects 2005 MAR -2 PM 2:37

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100222

Date Received	Repository ☐
04-FEB-2005	Reference No. 10110905

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
City BATTLE GROUND	State WA	Zip Code [redacted]	Evening Telephone Number NA

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 2/16/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTDF15N1[redacted]	FORD HY-RAIL	F150	1998

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
2-20-04	Private Party			8	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	185000 VEHICLE SPEED CONTROL:CRUISE CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
11-JAN-2004	105000	NA

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: DOTMA1SABC038)	☐ 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	None	None	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).

NHTSA RECALL CAMPAIGN 05V017000 CONCERNING CRUISE CONTROL. VEHICLE WAS PARKED WHEN IT SUDDENLY EXPLODED. THE FIRE WENT 4 FEET INTO THE AIR. THE FIRE DEPARTMENT RESPONDED AND PUT THE VEHICLE FIRE OUT. THE VEHICLE WAS TOTALED. *AK

above the cab.

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

NFIRS-1 Basic

A — FDID: 06D03 ★ | State: WA ★ | Incident Date (MM DD YYYY): 01 11 2005 ★ | Station: 3-1 | Incident Number: 05-0010839 ★ | Exposure: 000 ★ | ☐ Delete ☐ Change ☐ No Activity

B Location★

☐ Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section X "Alternative Location Specification". Use only for Wildland Fires.

Census Tract: [redacted]

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost: [redacted] | Prefix | Street or Highway: [redacted] | Street Type | Suffix

Apt./Suite/Room | City: Brush Prairie Battle Ground | State: WA | Zip Code: [redacted]

Cross street or directions, as applicable

C Incident Type ★

131 | Passenger vehicle fire

Incident Type

D Aid Given or Received★

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID | Their State | Their Incident Number

E1 Date & Times — Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
Alarm ★ (ALARM always required)	01	11	2005	20:27:00
☒ Arrival ★ (ARRIVAL required, unless CANCELED or did not arrive)	01	11	2005	20:36:00
☐ Controlled (CONTROLLED Optional, Except for wildland fires)				
☒ Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	01	11	2005	21:02:00

E2 Shift & Alarms

Local Option

Shift or Platoon: C | Alarms | District: ST3-2

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken ★

11 | Extinguishment by fire

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources ★

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	0003	0010
EMS		
Other		

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires. None

Property $	, 000	, 000	☐
Contents $	, 000	, 000	☐

PRE-INCIDENT VALUE: Optional

Property $	, 002	, 000	☐
Contents $	, 000	, 000	☐

Completed Modules

☒ Fire-2
☐ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☒ Apparatus-9
☒ Personnel-10
☐ Arson-11

H1★ Casualties ☐ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural Gas: slow leak, no evacuation or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totalling < 55 gallons
0 ☐ Other: Special HazMat actions required or spill > 55gal., please complete the HazMat form

I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Mcc. & Residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use★

Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school or kindergarten
215 ☐ High school or junior high
241 ☐ College, adult education
311 ☐ Care facility for the aged
331 ☐ Hospital
341 ☐ Clinic,clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1-or 2-family dwelling
429 ☐ Multi-family dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods,sales,repairs
579 ☐ Motor vehicle/boat sales/repair
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage(barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use: 965

Vehicle parking area

NFIRS-1 Revision 03/11/99

FDID *	State *	MM	DD	YYYY	Station	Incident Number *	Exposure *	Complete Narrative
06D03	WA	1	11	2005	3-1	05-0010839	000	

Narrative:

PREARRIVAL: On January 11, 2005, Fire District 3 was dispatched to a structure fire "B" at the address of 23108 NE 209th St. Engine 3-1 responded with five personnel. En route, dispatch stated that this was a vehicle that was on fire and close to the house. At this time I had Engine 3-3 respond. C3-1 responded as well. The weather was light rain with a mix of snow and the temps were in the mid to low 30's. I, Captain Martin, am the report writer.

ARRIVAL: Engine 3-1 arrived at 2036 to find one vehicle in a driveway with an engine compartment fire. Engine 3-1 established command and cancelled all other responding units.

Upon our arrival, I noticed a bystander attempting to extinguish the fire with a garden hose. The owner of the vehicle, Cal Brown, stated that he heard three explosions before noticing his vehicle was on fire. Mr. Brown stated that he had started the truck around four this afternoon and it ran fine.

STRATEGY/TACTICS: The strategy was to confine the fire to the engine compartment.

Using a 150' 1-3/4 preconnect, crews from Engine 3-1 extinguished the fire. The fire was under control in approximately 5 minutes of our arrival.

TERMINATION: The vehicle is a 1988 Ford pickup with a canopy. The vehicle is a total loss with a cost of approximately $2000.

All units were in service at 2102.

A | FDID * | State * | MM | DD | YYYY Incident Date * | Station | Incident Number * | Exposure * | ☐ Delete ☐ Change ☐ No Activity | NFIRS -2 Fire

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *
06D03	WA	01 / 11 / 2005	3-1	05-0010839	000

B Property Details

B1 ____ ☒ Not Residential
Estimated Number of residential living units in building of origin whether or not all units became involved

B2 ____ ☒ Buildings not involved
Number of buildings involved

B3 ____ ☐ None
Acres burned (outside fires) ☐ Less than one acre

C On-Site Materials or Products ☐ None

Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved

Enter up to three codes. Check one or more boxes for each code entered.

On-site material (1)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-site material (2)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-site material (3)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

D Ignition

D1 83 Engine area, running
Area of fire origin *

D2 UU Undetermined
Heat source *

D3 UU Undetermined
Item first ignited * 1 ☐ Check box if fire spread was confined to object of origin

D4 ____ ____
Type of material first ignited — Required only if item first ignited code is 00 or <70

E1 Cause of Ignition

☐ Check box if this is an exposure report. Skip to section G

1 ☐ Intentional
2 ☐ Unintentional
3 ☐ Failure of equipment or heat source
4 ☐ Act of nature
5 ☐ Cause under investigation
U ☒ Cause undetermined after investigation

E2 Factors Contributing To Ignition ☐ None

Factor Contributing To Ignition (1)
Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes ☐ None

1 ☐ Asleep
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Possibly mental disabled
5 ☐ Physically Disabled
6 ☐ Multiple persons involved
7 ☐ Age was a factor

Estimated age of person involved ____

1 ☐ Male 2 ☐ Female

F1 Equipment Involved In Ignition

☐ None If Equipment was not involved, Skip to Section G

Equipment Involved
Brand
Model
Serial #
Year

F2 Equipment Power

Equipment Power Source

F3 Equipment Portability

1 ☐ Portable
2 ☐ Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes. ☐ None

Fire suppression factor (1)
Fire suppression factor (2)
Fire suppression factor (3)

H1 Mobile Property Involved

☐ None

1 ☐ Not involved in ignition, but burned
2 ☐ Involved in ignition, but did not burn
3 ☒ Involved in ignition and burned

H2 Mobile Property Type & Make

10 Passenger road vehicle.
Mobile property type

FO Ford
Mobile property make

F150
Mobile property model

1988
Year

License Plate Number ____ State ____ VIN Number ____

Local Use

☐ Pre-Fire Plan Available

Some of the information presented in this report may be based upon reports from other Agencies

☐ Arson report attached
☐ Police report attached
☐ Coroner report attached
☐ Other reports attached

NFIRS-2 Revision 01/19/99