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 1368

Date Received	Repository ☐
11-FEB-2005	Reference No. 10111379

OWNER INFORMATION (Type or Print)

Name [redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]	Evening Telephone Number	
City LIBERTY	State TX	Zip Code [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 02/18/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMRU15W73L [redacted]	FORD	~~F150~~ Expedition	2003

Date Purchased	Dealer's Name and Telephone Number		Engine: 4.6	Fuel Type:
11-6-02	BJ FORD (936) 336-2217		No: Cylinders 8	Gas
Original Owner ☒	Dealer's City LIBERTY	State TEXAS / Zip Code 77575		

Transmission Type		Powertrain	Vehicle Component Code
Auto	☒ Antilock Brakes ☒ Cruise Control	2 Wheel drive	185000 VEHICLE SPEED CONTROL:CRUISE CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
07-JAN-2003	~~4300~~ 3400		Entire Vehicle

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: DOTMAL9ABC036)	☐ 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 Fatalities	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No	0	0	N FIRE DEPT 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, A FIRE STARTED UNDER THE HOOD. THE VEHICLE WAS TOTALED. THE CAUSE WAS NOT DETERMINED. PLEASE PROVIDE MORE INFORMATION. *JB Vehicle was driven approx 125 miles on Jan 6'03, Parked in attached garage @ 5:30 pm - at 2:30 Am (approx) fire alarm woke owners. North end of home was completely ingulfed with flames - occupants escaped thru window in bedroom. Home and entire contents were completed lost - nothing was salvagable. Vehicle was burnt beyond recognition. it was approx 3/4 full of fuel.

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 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.

LIBERTY COUNTY FIRE MARSHAL
INVESTIGATIVE REPORT

DATE OF REPORT 1-8-2003 COUNTRY LIBERTY INVESTIGATOR WILSON

CASE # FIRE CAUSE : ACCIDENTAL ( ) : INCENDIARY ( ) UNDETERMINED ( )

DAY OF FIRE TUESDAY DATE 1-7-2003 TIME AM (X) PM ( )

PHYSICAL LOCATION OF INCIDENT

OWNER

NAME IN FULL [redacted] **RACE W SEX FM AGE 57**

D.O.B. 4-11-45 S.S.N. [redacted] **PHONE #** [redacted] **D.L. #**
ADDRESS [redacted] **LIBERTY TEX.**
MAILING ADDRESS SAME ZIP: CODE [redacted]

OCCUPANT

NAME IN FULL SAME RACE SEX AGE
D.O.B. S.S.N.PHONE # D.L. #
ADDERSS
MAILING ADDRESS ZIP : CODE

WHO DISCOVERED FIRE

NAME IN FULL [redacted] **RACE SEX D.O.B.**
ADDRESS PHONE # AGE

WHO REPOTED FIRE

NAME IN FULL [redacted] **RACE W SEX MALE D.O.B. # 4-1-49**
ADDRESS [redacted] LIBERTY TX. [redacted] PHONE # [redacted] AGE 53

INSURANCE COMPANY

NAME OF COMPANY GERMANIA POLICY # [redacted]

NAME, ADDRESS OF AGENT : R.N. SMART WALLISVILLE RD.

PHONE .# 936-336-3370 AMOUNT OF POLICY – STUCTURE $ 85.OOO.00 CONTENTS $ 51,OOO.00

NAME , ADDRESS OF ADJUSTER DOUGLAS SHAVER PH # 409-755-6636
200 300 729
CLAIM # FIRE DEPARTMENT RESPONDING MOSS BLUFF LIBERTY DEVERS HULL-DAISETTA

LIBERTY COUNTY
FIRE MARSHALL'S OFFICE
FIRE ALARM RESPONSE REPORT

RESPONSE# _____
DATE 1-6-03
DISPATCHER S/O 911

TIMES
ALARM _____
ENROUTE _____
ON SCENE 3:PM
CONTROLLED _____
IN SERVICE _____

LOCATION FM 563 + CR 127

OWNER [redacted] OCCUPANT Some

INSURED ✓(YES) ___ NO INSURANCE COMPANY Germania POLICY# _____
AGENT RN SMART PHONE # 936336-3370

TYPE OF CALL(IE CAR HOUSE RESCUE ETC) House Brick
EQUIPMENT USED(IE BOOSTER ENGINE TANKER ETC) _____
ATTACK LINES USED __BOOSTER ___(1.5")HOSE ___(2.5")HOSE OTHER _____

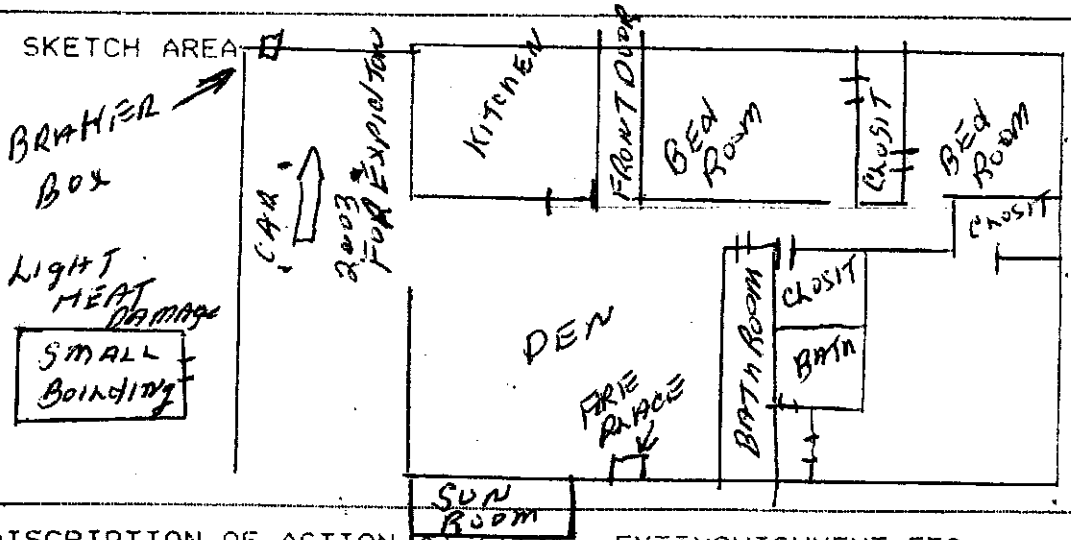
DEPARTMENT RESPONDING Moss Bluff MUTUAL AID RESPONSE Liberty, Hull Dayton
POLICE RESPONSE _____ AMBULANCE _____ OTHER Devers VFD

DAMAGE ASSESSMENT CONTENTS Loss DWELLING Loss AUTO Loss
INJURIES (NONE)
INJURIES TREATED _____ BY _____

BUILDING INFORMATION CONSTRUCTION TYPE BRICK
FLOOR TYPE CEMENT NUMBER OF FLOORS 1

AUTO INFORMATION VEHICLE MAKE FORD MODEL 2003 LISCENSE# _____
DRIVER _____ DL# _____ STATE _____
WAS VEHICLE IN COLLISION ___YES ___NO

SKETCH AREA



DISCRIPTION OF ACTION AT SCENE ,EXTINGUISHMENT,ETC.
1½" line used to Cool down out Building + 1½"+2" to Extunguish house fire

FIRE MARSHALL NOTIFIED ___(YES) ___ NO PROBABLE CAUSE Electrical Short in Auto in Garage
SIGNED John W. Wilson