



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 100222

Date Received

17-FEB-2005

Repository ☐

Reference No.
10111712

OWNER INFORMATION (Type or Print)

Name

Address

City WALTONVILLE

State IL

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 authorization, NHTSA will not provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 4/1/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
1B7HC1B24XS

Make
DODGE

Model
1500

Model Year
1999

Date Purchased
DEC. 1998

Dealer's Name and Telephone Number
HOLT HAUSER AUTO SALES 618-327-8837

Engine:
No. Cylinders
8

Fuel Type:
Gas

Original Owner
☒

Dealer's City
NASHVILLE

State
IL

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
REAR WHEEL DRIVE

Vehicle Component Code
061000 ENGINE AND ENGINE COOLING:ENGINE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
15-FEB-2005

Failure Mileage
41000

Failure Speed

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: DOTMABABC036)

☐ 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

Number of Deaths

Reported to Police

N

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).

THE CONSUMER WAS DRIVING AT 30 MPH WHEN THE VEHICLE CAUGHT FIRE. THE FIRE DEPARTMENT RESPONDED AND THE VEHICLE WAS TOTALED. *NM

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.

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

My wife and I left the house and went less than 1/2 mile when we heard a small pop. Truck caught fire and was totally destroyed. No injuries to me.

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

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM**

OR

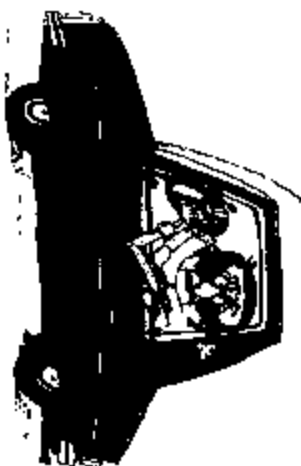
DASH2DOT

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
National Highway Traffic Safety
Administration
www.nhtsa.dot.gov/hotline

Mt Vernon, IL

02-05-003189

Print Date/Time:
2/22/2006 1233

EVENT INFORMATION

Report No. 02 - 05-003189 Local Report No:

Report Date/Time: 2/16/2006 1316

Type: 9054 Fire

Event Date/Time: 2/15/2005 1316 To: 2/15/2005 1316

Comment: TK Fire

Disposition: Information Only

EVENT LOCATION

0 N DRAGONFLY LN
WALTONVILLE, IL 62894

Location Type: Roads - Other
County: Jefferson Count
Map / Ref:

Intersection:

Beat / District: Mc Clellan

Zone / Area: West(GP, Rome, Cas, Shi

ADMINISTRATION

Reporting Officer: Wease, Patti J.

Entered By: Wease, Patti J.

Approved By:

VEHICLE RELATED TO EVENT:

Vehicle No.: 1

Type: Other

Value: 0.00

Year: 1999

Make: DODGModel:

Style: Pickup

VIN # 1B7HC16Z4XS1

Color:

Plate No.:

St: IL Expiration:

Class: Pickup Truck

Insured By:

Haz Mat:

Comments:

Owner:

Waltonville, IL

DISPATCH INFORMATION

Call Number: 050000003208 Call Type:

Received Time: 1316

End Time: 1358

Elapsed Time: 43

DISPATCHED UNIT(S)

NARRATIVE SUPPLEMENT

ACCIDENT NUMBER

02-05-003108

INCIDENT DATE / TIME

2/15/2005 1316

Narrative Type: CAD Disposition

Topic: TRANSFERED FROM CAD

Narrative Reporting Officer: Weese, Patti J

Narrative Date/Time: 2/15/2005 1358

+38.360889 -89.045884 CF=100%

VEH ON FIRE IN LN JUST N OF THE ADDRESS OF IN ROADWAY

WALTONVILLE TONED

JEFF UNITS ADVISED

1320 WALTONVILLE RETONED

1327 WALTONVILLE FIRE WILL BE 10-76 IN ABOUT 2 MIN

1328 WALTONVILLE TK 1 10-76

1328 DUP CALL ADVISES WHEAT FIELD ON FIRE ALSO/WALTONVILLE FIRE ADVISED

1330 WALTONVILLE FIRE TK 7 10-76

1334 WALTONVILLE TK 1 10-23

1350 WALTONVILLE FIRE REQUEST AID FROM JEFFERSON WITH FIELD FIRE

1351 WALTONVILLE FIRE ADVISES JEFF FIRE TO 10-22 THEY HAVE IT UNDER CONTROL

WALTONVILLE FIRE FAXED

1410 WALTONVILLE FIRE REQUEST DEPUTY TO RESPOND

1411 ANSELMENT ENROUTE FROM PUMPS

1425 ANSELMENT 10-23 JUST NORTH OF KARMA

1427 ANSELMENT ADVISES RICKS TOWING WAS CONTACTED, TELL THEM NOT TO COME OFF IL 148 BUT TO COME IN FROM THE NORTH SIDE OFF PRESLEY, RICKS ADVISES JUST TURNING OFF IL HWY 15 WITH THE FLAT BED.... 10-28 5632RM-B TRUCK PLATE/CJM

1447 ANSELMENT REQUEST TO SEE WHERE RICKS IS /STILL NOT THERE/ RICKS ADVISE GOT LOST HAVE HIM TURNED AROUND AND HEADED IN THE RIGHT DIRECTION/STILL ON RT 15 BY CEMETERY.

1457 RICKS 10-23

1459 WALTONVILLE TK 7 10-76 10-24 STATION

1509 ANSELMENT 10-8 10-24 RICKS HAS VEH, FIRE DEPT BE OUT OF HERE SHORTLY, STILL CLEANING OFF ROAD

1539 WALTONVILLE TK 10-24..GD

Reporting Officer: Weese, Patti J

Date <u>02/15/05</u> Day <u>Tuesday</u> 3 Time <u>13:16</u> Time Arrived <u>13:34</u>			
Type of Situation Found ☐ Structure Fire ☐ Fire Outside Structure ☒ Vehicle Fire ☐ Brush/Graass Fire ☐ Refuse Fire ☐ Other _____		Action Taken ☒ Extinguishment ☐ Investigation Only ☐ Other _____	
First Property Loss ☐ 1 Family Dwelling ☐ 2 to 6 Family Apt ☐ Resident Parking/ Garage ☐ Vacant Property ☐ Open Land/ Field ☐ Other _____		Ignition Factor ☐ Incendary-No Cndi Distrib ☐ Suspicious-No Cndi Distrib ☐ Abandoned Material ☐ Ignition Cont/ Open Flame ☐ Child Playing ☐ Combust/ Too Close Heat ☐ Part Failure/ Leak/ Break ☐ Short Crcy/ Grid Fault ☐ Other Elec Failure ☐ Backfire ☐ Unattended Operation ☒ Other <u>Undetermined</u>	
Correct Address <u>approx 1/8 mile North of Kansas Rd</u> Occupant Name _____ Phone _____ Owner Name _____ Phone _____ Owner Address _____			
Method of Alarm From Public ☒ Telephone Direct (911) ☐ Radio ☐ Other _____		County Insp Dist 2 3 1 3 5 4	
# Fire Service Personnel Responded <u>6</u>		# Engines Responded <u>1</u>	
# Incident Related Injuries <u>0</u>		# Incident Related Fatalities <u>0</u>	
Complex ☐ Dwelling ☐ Apartment ☐ Farm ☐ Campsite ☒ Road ☐ Other _____		Mobile Property Type ☐ Not Applicable ☐ Automobile ☐ Mobile Home ☒ Truck Under 1 Ton ☐ Other _____	
Area of Origin ☐ Sleep Rm Under 5 People ☐ Kitchen/ Cooking Area ☐ Trash Area/ Container ☐ Garage/ Carport/ Storage ☐ Other _____		Equipment Involved in Ignition ☐ Flnd, Statry Locd Htg Unit ☐ Portable Local Htg Unit ☐ Chimney, Gas Vent Flu ☐ Open Fire Grill ☐ Other _____	
Form of Heat Ignition ☐ Spark/ Gas Fueled Exp ☐ Heat/ Gas Fueled Exp ☐ Spark/ Lq Fueled Exp ☐ Heat/ Lq Fueled Exp ☐ Short Circuit- Bad Insul ☐ Short Circuit- Unspec ☐ Cigarette ☒ Other <u>Undetermined</u>		Type of Material Ignited ☐ Gasoline ☐ Fat/ Grease (Food) ☐ Plastic - Unclassified ☐ Rubber ☐ Grass/ Leaves ☐ Sawn Wood ☐ Untreated Paper ☐ Man- Made Fiber ☐ Cotton/ Rayon ☒ Multiple Types ☐ Other _____	
Form of Material Ignited ☐ Structural Member ☐ Upholstered Sofa/ Chair ☐ Electrical Wire ☐ Fuel ☐ Growing/ Living Form ☐ Rubbish/ Trash ☐ Cooking Material ☐ Gas/ Liquid From Pipe ☐ Multiple Form ☒ Other _____			

Method of Extinguishment ☐ Self Extinguished ☐ Extinguisher ☐ Make-Shift Aids ☐ Other _____ ☒ Preconnect Hose Tank Water		Level Of Fire Origin ☒ Grade Level to 9 ft above ☐ 10 to 19 ft Above ☐ Below Grade/ Water Level		Estimated Total Loss \$ \$ 1 0 0 0 0 one digit per box	
Complete Lines N - R for Structure Fires Only					
N Number of Stories ☐ 1 Story ☐ 2 Stories ☐ 3 to 4 Stories		Construction Type ☐ Fire Resistive ☐ Unprotected Wood Frame ☐ Unprotected Ordinary ☐ Protected Wood Frame ☐ Other _____			
C Extent of Flame Damage ☐ Object ☐ Room ☐ Part Room ☐ Building ☐ Other _____		Extent of Smoke Damage ☐ Object ☐ Room ☐ Part Room ☐ Building ☐ Other _____			
P Detector Performance ☐ No Detectors Present ☐ Other _____		Sprinkler Performance ☐ No Equip Present ☐ Other _____			
Q If Smoke Spread Beyond Room of Origin:					
Type of Material Generating Most Smoke ☐ Gasoline ☐ Grass/ Leaves ☐ Fat/ Grease (Food) ☐ Sawn Wood ☐ Plastic - Unclassified ☐ Untreated Paper ☐ Rubber ☐ Man- Made Fiber ☐ Multiple Types ☐ Cotton/ Rayon ☐ Other _____			Avenue of Smoke Travel ☐ Corridor ☐ Opening in Construction ☐ No Significant Avenue ☐ Other _____		
R Form of Material Generating Most Smoke					
☐ Structural Member ☐ Upholstered Sofa/ Chair ☐ Electrical Wire		☐ Fuel ☐ Growing/ Living Form ☐ Rubbish/ Trash		☐ Cooking Material ☐ Gas/ Liquid From Pipe ☐ Other _____	
S If Mobile Property					
Year 1999	Make Dodge	Model Ram	Serial # 1B7HC16Z4X3	License # _____	
T If Equipment					
Involved in Ignition Year	Make	Model	Serial #		
U Officer in Charge					
Name Ed Dulaney		Position Chief			
Individual Making Report if Different Lendell Pantzer, Jr. Captain					
Weather Pdy Cloudy		Temperature 71 deg		Wind Direction & Velocity South 20 gusting to 31	
Notes: Owner stated they heard a pop and when they got out to check it was burning. Owner also stated it only had about 40000 miles on it.					
The truck fire also started a grass fire along the road side.					