



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 1388

Date Received

44  
08-MAR-2005

Repository

Reference No.  
10113670

OWNER INFORMATION (Type or Print)

Name	[REDACTED]			Daytime Telephone Number	[REDACTED]	E-mail Address	[REDACTED]
Address	[REDACTED]			Evening Telephone Number	SAMP	[REDACTED]	
City	GOODRICH	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 address to the vehicle manufacturer, address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 3/20/05

17 digit Vehicle Identification Number (located on bottom of windshield on driver's side)	Make	Model	Model Year
1FTFF2763VK [REDACTED]	FORD	F250	1997

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
MAY 2003	JOHN WOLF	No. Cylinders	GAS
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
	WILLIS	TX	7578

Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control		114100 ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	TOTAL LOSS NOT REPAIRABLE
3-MAR-05	160000	NOT IN MOTION	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
BF		
DOT No. (Example: DOTM1LBAC038)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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).

WHILE VEHICLE WAS PARKED A FIRE STARTED UNDER THE HOOD. VEHICLE WAS TOTALED. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. \*AK

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)

MOTOR VEHICLE WAS NOT RUNNING AT TIME OF FIRE.  
TALKED TO FORD. WAS A RECALL ON THIS MAKE AND MODEL  
ON FUEL LINE CALL FORD TO REPORT FIRE, WAS FORD WAS  
SUPPOSED TO RETURN MAY CALL BY 3-10-05. I CALLED FORD AGAIN  
SAID I WOULD RECEIVE A RESPONSE BY END OF DAY. DID NOT  
HEAR FROM FORD. CALLED FORD AGAIN ON 3-11-05. WAS INFORMED  
I WOULD RECEIVE A LETTER OF RESPONSE BY 3-18-05  
HAVE NOT HEARD FROM FORD AS OF 3-21-05

Sincerely

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



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**



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**POLK COUNTY SHERIFF'S DEPARTMENT**

1733 North Washington  
Livingston, Texas 77351  
Office (936) 327-6810  
Fax (936) 327-6877

**Case Report**

Submitting Officer: Shaun Dunn

ID#: 824

Case #: [REDACTED]

Case Title: Car Fire

Location Offense Occurred: [REDACTED] / from US Highway 59 on FM 1988 will be the first X2 on the right past [REDACTED] / Vehicle was located in a metal shed behind the residence

Date of occurrence: 3-3-05 Time: 1916hrs to Date: 3-3-05 Time: 2001hrs

Date of arrival: 3-3-05 Time: 1927hrs

Detective on Scene:

Case Status:  Active  Inactive  Closed By: Mech. Problem

Victim  Complainant  Suspect  Witness  Other

Name: [REDACTED]

Home Address: [REDACTED]

City: Goodrich State: Tx Zip: [REDACTED]

Phone Home: [REDACTED]

Sex/Race: m/w D.O.B. [REDACTED]

Hair: red Eyes: blue Height: 6-1 Weight: [REDACTED]

Work Address

City: State: Zip: Additional Info:

Victim  Complainant  Suspect  Witness  Other

Name: D.L. #: SS#

Home Address:

City: State: Zip:

Phone Home:

Sex/Race: D.O.B.: Age:

Hair: Eyes: Height: Weight:

Work Address

City: State: Zip: Additional Info:

**RECEIVED**

MAR 07 2005

Service No: [REDACTED] Date: 03032005 Operator: LP  
Received: 191639 Dispatch: 191958 Arvd: 192701 Clear: 200115 Ref: '

Nature: 360 ENVIRONMENTAL

Str/Hwy #: [REDACTED] Str/Hwy Name: [REDACTED]

Reported By: [REDACTED] Phone: [REDACTED] Typ: H  
How Reported: T Report: Incident:

Complainant: [REDACTED]

Address: [REDACTED]

City/ST/Zip: [REDACTED] TX Phone: [REDACTED] Typ: H

Direction: 1988 E OF GOODRICH 1ST X2 ON R AFTER EMANUEL RD

911? N Priority: Geo: 124E05 City/Dist: GOODRICH

Vehcl/Lic: [REDACTED] ST: TX Color: WHT / Make: FORD Model: PK

Officers: DUNN, S

Oth Unit: GOODRICH VPD Dispatch: 191639 Arvd: Clear:

Oth Unit: Dispatch: Arvd: Clear:

Wrecker:

Disposed: 100 SEE REPORT

Remarks:

VEH ON FIRE IN GARAGE.

*This is in the General file*

*ON PRS1*

