



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 241

Date Received

Repository

17-MAR-2005

Reference No.
10115295

OWNER INFORMATION (Type or Print)

Name: [REDACTED] C
Address: 803 CANEY CREEK DRIVE
City: LIVINGSTON State: TX Zip Code: [REDACTED]

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: [REDACTED] Date: 3/18/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1LNLM82W3SY [REDACTED]
Make: LINCOLN Model: TOWN CAR Model Year: 1985
Date Purchased: 22-SEP-95 Dealer's Name and Telephone Number: [REDACTED]
Engine: No. Cylinders: 8 Fuel Type: Gas
Original Owner: Dealer's City: HOUSTON State: TX Zip Code: 77351
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 110000 ELECTRICAL SYSTEM
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 22-NOV-2004 Failure Mileage: 80000 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: MICHELIN Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTMALSABC038): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: 0 Number of Deaths: 0 Reported to Police: 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).

VEHICLE CAUGHT ON FIRE WHILE PARKED IN THE GARAGE, LOCAL FIRE DEPARTMENT ARRIVED TO EXTINGUISH THE FIRE. THE FIRES CAUSED DAMAGE TO THE GARAGE AND ANOTHER VEHICLE, WHICH WAS PARKED IN THE GARAGE. THE FIRE MARSHALL CONDUCTED THE INVESTIGATION AND DETERMINED THE VEHICLE WAS THE CAUSE OF THE FIRE, BUT WAS UNABLE TO DETERMINE HOW THE FIRE GOT STARTED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

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.

NOTES:

Received call at 02:25 Nov. 22, 2002 through 911 dispatch to fire department dispatch. First man, Jay Stutts, arrived on scene 02:32 found detached 2 car garage fully involved in fire coming through roof. All doors were closed with '95 Lincoln Town Car and 2002 Chevy ext cab pickup in garage. Home approx. 20 feet away exposed to radiant heating to point vinyl siding was melting. I arrived on scene a 2:34 and witnessed same situation described by firemen Stutts. Charlie Celestine, a neighbor was applying water via yard hose. I asked him to stand back. County officer Robert Moore was on location and home owner, Joe Machac & wife were standing in back yard.

Engine 802 (diesel) arrived on scene 2:36 laid 2 preconnected 1-3/4" hand lines. 1st line protected exposure. 2nd line attacked fire through burned out garage doors. Fire was contained to the garage which had basement type storage area for lawn equipment. Both vehicles were totally destroyed.

Some items were moved to driveway to allow firemen access to interior. No indications of vandalism or intentional ignition. Cause undetermined. Talked with investigator giving brief finding. He advised he would come out on Friday morning to talk with home owners. Fireman left location in possession of home owner.

Neighbor, Charlie Celestine heard popping sounds, investigated and observed fire coming through roof. Called 911 & then went to home to awaken family. Found the Machac already awake and leaving house. Home phones were out of service. [redacted] called 911 using cellular.

Home was insured + contents by new policy (Sep 2001) with Farmers Ins.

Received mutual aid assist from Livingston FD via 3000 gal tanker and 4 men. Used approx 4,500 gal water in extinguishing fire.

Returned to station at 04:15. Back in service at 4:30.

[redacted]

11/22 4:55

Fire Chief

INCIDENT REPORT

Onalaska Volunteer Fire Department

NFIRS-1

FDID TB306	INCIDENT NO [REDACTED]	EXP NO. 00	MO 11	DAY 22	YR 02	DAY OF WEEK Friday	6	ALARM TIME 02:25	ARRIVAL TIME 02:32	IN SERVICE 04:30
TYPE OF SITUATION FOUND Structure fire						TYPE OF ACTION TAKEN 11 Extinguishment			MUTUAL AID None	
FIXED PROPERTY USE One-family dwlg; year-rnd use						IGNITION FACTOR 411 Ign Fctr undtmd			00	
CORRECT ADDRESS [REDACTED]								ZIP CODE [REDACTED]		CENSUS TRACT 0
OCCUPANT NAME [REDACTED]							TELEPHONE (000)000-0000		ROOM OR APT.	
ADDRESS [REDACTED]							TELEPHONE (000)000-0000			
METHOD OF ALARM FROM PUBLIC Telephone tie-line to fire dept.						7		CO. INSPECTION DIST.	SHIFT	NO. ALARMS 1
NO. FIRE SERVICE PERSONNEL RESPONDING 15			NO. ENGINES RESPONDING 3			NO. AERIAL APPARATUS RESPONDING 0		NO OTHER VEHICLES RESPONDING 1		
NUMBER OF INJURIES FIRE SERVICE 0				OTHER 0		NUMBER OF FATALITIES FIRE SERVICE 0			OTHER 0	
COMPLEX Dwelling (1-2 family)						MOBILE PROPERTY TYPE 41				
AREA OF FIRE ORIGIN Garage, carport, veh. strg. area						EQUIPMENT INVOLVED IN IGNITION 47				
FORM OF HEAT IGNITION Undtmd/nt rptd			TYPE OF MATERIAL IGNITED 00 Undtmd/nt rptd			FORM OF MATERIAL IGNITED				
METHOD OF EXTINGUISHMENT Preconn hose/tanks			LEVEL OF FIRE ORIGIN 5 Grade to 8 feet			ESTIMATED LOSS (DOLLARS ONLY)				
						NUMBER OF STORIES 1 story		CONSTRUCTION TYPE 1 Unprotct. ord./not qual#5		
EXTENT OF FLAME DAMAGE 7 Extended btynd str of origin				EXTENT OF SMOKE DAMAGE 1 Confined to obj of origin						
DETECTOR PERFORMANCE 8 No detectors present				SPRINKLER PERFORMANCE 8 No equip present in rm/space						
IF SMOKE BEYOND ROOM OF ORIGIN		TYPE OF MATERIAL GENERATING MOST SMOKE 00 Type of Material undtmd					AVENUE OF SMOKE TRAVEL			
		FORM OF MATERIAL GENERATING MOST SMOKE								
IF MOBILE PROPERTY		YEAR	MAKE	MODEL		SERIAL NO.		LICENSE NO.		
IF EQUIPMENT INVOLVED IN IGNITION		YEAR	MAKE	MODEL		SERIAL NO.				
OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) Fire Chief Roy Newport									DATE 11/22/02	
MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE) Fire Chief Roy Newport									DATE 11/22/02	