



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100182

Date Received
2005 JUN 20 AM 10:21
23-MAR-2005

Repository
Reference No.
10115641

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City BARDSTOWN State KY Zip Code _____

Daytime Telephone Number _____
E-mail Address _____
Phone 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 6/20/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at front of windshield on driver's side) 1N4AB42D1TC Make NISSAN Model 200SX Model Year 1997-1998
Date Purchased _____ Dealer's Name and Telephone Number _____ Engine: 1.4 L Fuel Type: Gas
Original Owner Dealer's City _____ State _____ Zip Code _____ No. of Cylinders _____
Transmission Type: Antilock Brakes Powertrain FRONT WHEEL DRIVE Vehicle Component Code 114100 ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD
AUTOMATIC Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-MAR-2005 Failure Mileage 105500 Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/66R15) _____
DOT No. (Example: DOTMALBABC038) 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), condition(s), 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 WAS PARKED FOR SEVERAL HOURS. OWNER HEARD A LOUD POP BUT IGNORED IT BECAUSE HE RESIDED CLOSE TO THE INTERSTATE. MINUTES LATER, THE OWNER HEARD ANOTHER POP SOUND AND WENT TO INVESTIGATE. OWNER FOUND THE VEHICLE ENGULFED IN FLAMES. THE FIRE DEPARTMENT SAID THAT THE FIRE STARTED UNDER THE DRIVER'S SIDE OF THE HOOD. *AK

Hood
underneath
fire hood

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.

B Location

Check this box to indicate that the address for this incident is provided on the incident file (Module in Section 6 "Alternative Location Specifications"). Use only for Wildland fires.

Street address: 28 GARDNER

Intersection: _____ Street or Highway

In front of _____

West of _____

Adjacent to _____

Directions _____

City: LOUISVILLE KY State Zip Code: 40205

C Incident Type

331 Passenger vehicle fire

E1 Date & Times Midnight is 0000

Month Day Year Hr Min Sec

Alarm #: 03 22 2005 20:24:00

Arrival #: 03 22 2005 20:32:00

Controlled: 03 22 2005 20:40:00

Unit #: 03 22 2005 21:12:00

E2 Shift & Alarm

Local Option

1 4

Shift or Alarm District

D Aid Given or Received

1 Actual aid received

2 Automatic aid recvd.

3 Actual aid given

4 Automatic aid given

5 Other aid given

6 None

E3 Special Studies

Local Option

Special Study ID# _____

Special Study Value _____

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Recurrence

Check this box and skip this section if no apparatus or personnel are used.

Apparatus: 0003 Personnel: 0014

Check box if recurrence counts include aid received responses.

G2 Estimated Dollar Losses & Values

Property \$: _____, 002, 000

Contents \$: _____, 000, 500

Property \$: _____, 002, 000

Contents \$: _____, 000, 500

F Actions Taken

11 Retained/removed by fire

Additional Action Taken (3)

G3 Hazardous Materials Release

1 None

2 Actual Gas: size tank, no reaction or limited reaction

3 Gasoline: spill, splash, leak, or portable container

4 Hazardous: spill, leakage, equipment or portable container

5 Diesel fuel/oil: spill, leakage, leak, or portable container

6 Household solvents: low/medium spill, cleanup only

7 Motor oil: spill, leakage, leak, or portable container

8 Paint: spill, leakage, leak, or portable container

9 Other: spill, leakage, leak, or portable container

I Mixed Use Property

00 Not Mixed

10 Assembly use

20 Education use

30 Medical use

40 Residential use

50 Row of stores

55 Enclosed wall

58 Bus. & Residential

59 Office use

60 Industrial use

65 Military use

66 Farm use

00 Other mixed use

Completed Modules

Fire-2

Structure-3

Civil Fire Cas.-4

Fire Serv. Cas.-5

Wild-6

Special-7

Wildland Fire-8

Apparatus-9

Personnel-10

Assoc-11

H1 Casualties

Deaths: _____

Injuries: _____

1 Detachments Required for Additional Fires

2 Detachments do not meet them

3 Unknown

J Property Use

131 Church, place of worship

161 Restaurant or cafeteria

162 Bar/liquor 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

124 Playground or park

655 Groves or orchards

669 Forest (timberland)

807 Outdoor storage area

819 Dump or sanitary landfill

831 Open land or field

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 houses

449 Commercial hotel or motel

459 Residential, board and care

464 Dormitory/synagogue

519 Food and beverage sales

936 Vacant lot

938 Graded/clear for plot of land

946 Lake, river, stream

951 Railroad right of way

960 Other street

961 Highway/divided highway

962 Residential street/driveway

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 Warehouses

981 Construction site

984 Industrial plant yard

Property Use: 965

Vehicle parking area

Local Option

Check this box if same address as incident location. This entry the three duplicate address lines.

Business name (if applicable) _____ Area Code _____ Phone Number _____

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

More people involved? Check this box and attach Supplemental Forms (SFIS-1A) as necessary

2 Owner: Same as person involved? Then check this box and skip the rest of this section.

Local Option _____ Business name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident location. This entry the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

Remarks

03/22/2005 22:13:32 miracle

ALSO FIRE, CAR NEXT TO GARAGE. HAD Q-10 & E-20 CONTINUE UNTIL CONTROLLED. Q-9 LAID 1 3/4 LINE & TOOK HYDRANT. EXTINGUISHED WITH LINE. GARAGE HAD ONLY RADIANT HEAT DAMAGE, NO FIRE IN GARAGE. Q-10 WENT 10-8. Q-9 & E-20 HANDLED. Q-9 OVERHAULED.

Authorization

10656	RIDGE, WILLIAM F	CPT	E20	03	23	2005
Officer in charge ID	Signature	Position at such	Assignment	Month	Day	Year
10656	RIDGE, WILLIAM F	CPT	E20	03	23	2005
Officer making report ID	Signature	Position at such	Assignment	Month	Day	Year