 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 100148	
		Date Received 16-MAY-2005	Repository <input type="checkbox"/>		Reference No. 10121083
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	TX	Zip Code		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____ Date ____/____/____					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number located at bottom of windshield on driver's side		Make	Model	Model Year	
1FTEF15Y4T1		FORD	F150	1996	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
	CARTER WOOD FORD CHEVROLET		No: Cylinders 6	Gas	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code		
	BONHAM	TX			
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain		Vehicle Component Code	
MANUAL	<input checked="" type="checkbox"/> Cruise Control	FRONT WHEEL DRIVE		114000 ELECTRICAL SYSTEM: WIRING	
Multiple Failure: 1					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s)	Failure Mileage	Failure Speed			
12-MAY-2005	120000	0			
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: DOTM19ABC036)		<input type="checkbox"/> Original Equipment	Failure Location:		
		<input type="checkbox"/> Prior Repair			
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			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).					
DT: CONSUMER DROVE THE TRUCK FOR ABOUT 2 HOURS, AND PARKED IT AT THE HOUSE. AFTER ABOUT FOUR OR FIVE HOURS, THE NEIGHBOR CAME OVER SAYING THAT THE TRUCK WAS ON FIRE. THERE SEEMED TO BE NO WARNING PRIOR TO THE FIRE. *TT					
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)

ON MAY 12, 2005 MY TRUCK WAS PARK IN MY DRIVEWAY AND HAD NOT BEEN RUN IN ABOUT 4 TO 5 HOURS, THEN ABOUT 10:30 PM IT WAS ON FIRE. IT WAS TOTAL DISTRY.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

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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

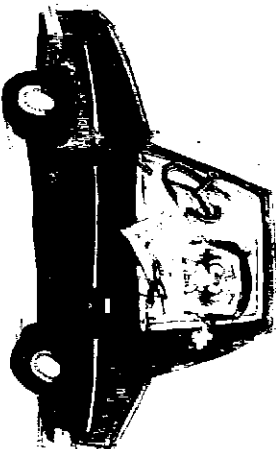
1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT

U.S. Department of Transportation National Highway Traffic Safety Administration www.nhtsa.dot.gov/hotline

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GH502 FDID	tx State	5/12/2005 Incident Date	Station	2005210 Incident Number	0 Exposure	NFIRS - 1 Basic
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Location **Address is on the Wildland Fire Module** **Census Tract:** 1

set Address

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
Apt./Suite/Room	Bonham City		TX State	Zip Code
Cross street or directions				

Incident Type 131 Passenger vehicle fire	Dates & Times	Shifts & Alarms
Aid Given or Received None	Alarm: 5/12/2005 22:45:00	A 1 CTY
Their FDID State	Arrival: 5/12/2005 22:52:00	Shift Alm. Dist.
Their Incident Number	Controlled: 00:00:00	Special Studies
	Last Unit: 5/12/2005 23:28:00	

Actions Taken	Resources
10 Fire, other	<input type="checkbox"/> Apparatus or Personnel Form Used
Primary Action Taken (1)	Apparatus Personnel
Additional Action Taken (2)	Suppression: 2 6
Additional Action Taken (3)	EMS: 2 4
Estimated Dollar Losses & Values	Other: 1 1
LOSSES	<input type="checkbox"/> Resource counts include aid received
Property: 6,000 <input type="checkbox"/> None	
Contents: 0 <input checked="" type="checkbox"/>	
PRE-INCIDENT VALUE:	
Property: 7,000 <input type="checkbox"/>	
Contents: 0 <input checked="" type="checkbox"/>	

Casualties <input checked="" type="checkbox"/> None	Hazardous Materials Released
Deaths Injuries	N None
Fire Service: 0 0	
Civilian: 0 0	

Detector	Mixed Use Property
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Property Use
NNN None

Person/Entity Involved

(903)583-4251
Phone Number

Mr [Redacted] Business name [Redacted]
Mr., Ms., Mrs. First Name MI Last Name

Suffix

[Redacted]
Number Prefix Street or Highway

Street Type Suffix

Post Office Box Apt./Suite/Room Bonham
TX [Redacted] City
State Zip Code

Owner

(903)583-4251
Phone Number

Mr [Redacted] Business name [Redacted]
Mr., Ms., Mrs. First Name MI Last Name

Suffix

[Redacted]
Number Prefix Street or Highway

Street Type Suffix

Post Office Box Apt./Suite/Room Bonham
TX [Redacted] City
State Zip Code

Authorization

Officer in charge: Smith, Curtis
Firefighte
Assignment

5/12/2005
Date

Signature:

F.F. EMT-P Curtis Smith

Member making report: Smith, Curtis
Firefighte
Assignment

5/12/2005
Date

Signature:

F.F. EMT-P Curtis Smith

GH502	tx	5/12/2005		2005210	0	NFIRS - 1
FDID	State	Incident Date	Station	Incident Number	Exposure	Notes

Notes	Title: Incident notes
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ied to scene of [REDACTED] for car fire by house upon arrival car was almost out by home owners smoke
nming from under hood. Hood was opened and hot spots put out with no futher problms.

GH502 FDID	tx State	5/12/2005 Incident Date		2005210 Incident Number	0 Exposure	NFIRS - 2 Fire
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Property Details

0 Est. number of residential units Not Residential 0.000 Acres burned None
 Less than one acre

0 Number of buildings involved Buildings not involved

On-Site Materials or Products None

On-site material (1)	Storage use (1)
On-site material (2)	Storage use (2)
On-site material (3)	Storage use (3)

Ignition 83 Engine area, running gear, wheel area Area of origin UU Undetermined Heat Source 99 Multiple items first ignited Item first ignited <input type="checkbox"/> Confined to object of origin 41 Plastic Type of material first ignited	Cause Of Ignition <input type="checkbox"/> Exposure Report 2 Unintentional Cause
	Factors Contributing To Ignition <input checked="" type="checkbox"/> None NN None Factor contributing to ignition (1) Factor contributing to ignition (2)

Human Factors Contributing To Ignition None

<input type="checkbox"/> Asleep <input type="checkbox"/> Possibly impaired by alcohol or drugs <input type="checkbox"/> Unattended person <input type="checkbox"/> Possibly mentally disabled <input type="checkbox"/> Physically disabled <input type="checkbox"/> Multiple persons involved	<input type="checkbox"/> Age was a factor Estimated age of person involved Sex of person involved
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Equipment Involved In Ignition <input checked="" type="checkbox"/> None NNN None Equipment code Brand: Model: Serial #: Year: 0	Equipment Power Equipment Power Source Code
	Equipment Portability <input type="checkbox"/> Portable <input type="checkbox"/> Stationary

Fire Suppression Factors <input checked="" type="checkbox"/> None Fire suppression factor (1) Fire suppression factor (2) Fire suppression factor (3)

Mobile Property Involved <input type="checkbox"/> None <input type="checkbox"/> Not involved in ignition, but burned <input type="checkbox"/> Involved in ignition, but did not burn <input checked="" type="checkbox"/> Involved in ignition and burn .150 Mobile property model 8ymb33 License Plate Number	<input type="checkbox"/> None 96 Year TX State VIN Number	Mobile Property Type & Make 10 Passenger road vehicle, other Mobile property type FO Ford Mobile property make
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Local Use <input type="checkbox"/> Pre-Fire Plan Available <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached
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GH502	tx	5/12/2005	2005210	0	NFIRS - 9
FDID	State	Incident Date	Station	Incident Number	Apparatus

Unit ID:	E1	Dispatched:	5/12/2005	22:45:00	Use: Suppression
Serial #:		Enroute:		00:00:00	
Type:	11	Arrival:	5/12/2005	22:52:00	
	Engine	Clear:	5/12/2005	23:28:00	
		In Quarters:		00:00:00	
Actions Taken					
	1)			3)	
	2)			4)	

Personnel ID	Name	Rank
Al-Khatib, Youseff	F.F. EMT-P Youseff Al-Khatib	F.F. EMT-P
Type Action Taken 1): 11 Extinguish		
Baker, Jon, D	Firefighter Jon D. Baker	Firefighter
Type Action Taken 1): 11 Extinguish		
Smith, Curtis	F.F. EMT-P Curtis Smith	F.F. EMT-P
Type Action Taken 1): 11 Extinguish		

Unit ID:	E2	Dispatched:	5/12/2005	22:45:00	Use: Suppression
Serial #:		Enroute:		00:00:00	
Type:	11	Arrival:	5/12/2005	22:52:00	
	Engine	Clear:	5/12/2005	23:28:00	
		In Quarters:		00:00:00	
Actions Taken					
	1)			3)	
	2)			4)	

Personnel ID	Name	Rank
Berni, Jack	Captain Jack Berni	Captain
Type Action Taken 1): 11 Extinguish		
Dickison, Rudy	Vol. Firefighter Rudy Dickison	Vol. Firefighter
Type Action Taken 1): 11 Extinguish		
Garcia, Jessie	Vol. Firefighter Jessie Garcia	Vol. Firefighter
Type Action Taken 1): 11 Extinguish		

GH502 FDID	tx State	5/12/2005 Incident Date	Station	2005210 Incident Number	0 Exposure	NFIRS - 9 Apparatus
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Unit ID:	M1	Dispatched:	5/12/2005	22:45:00	Use: Suppression
Serial #:		Enroute:		00:00:00	
Type:	70	Arrival:	5/12/2005	22:52:00	
	Medical & rescue unit, other	Clear:	5/12/2005	23:28:00	
		In Quarters:		00:00:00	
Actions Taken					
	1)			3)	
	2)			4)	

Personnel ID	Name	Rank
Bond, Marc	F.F. EMT-P Marc Bond	F.F. EMT-P
Type Action Taken 1): 30 Emergency medical services, other		

Godbey, John	F.F. EMT-B John Godbey	F.F. EMT-B
Type Action Taken 1): 30 Emergency medical services, other		

Unit ID:	M2	Dispatched:	5/12/2005	22:45:00	Use: Suppression
Serial #:		Enroute:		00:00:00	
Type:	76	Arrival:	5/12/2005	22:52:00	
	ALS unit	Clear:	5/12/2005	23:28:00	
		In Quarters:		00:00:00	
Actions Taken					
	1)			3)	
	2)			4)	

Personnel ID	Name	Rank
Vickery, Steven	F.F. EMT-B Steven Vickery	F.F. EMT-B
Type Action Taken 1): 30 Emergency medical services, other		

Wickersham, Brad	F.F. EMT-P Brad Wickersham	F.F. EMT-P
Type Action Taken 1): 30 Emergency medical services, other		

Unit ID:	R1	Dispatched:	5/12/2005	22:45:00	Use: Suppression
Serial #:		Enroute:		00:00:00	
Type:	00	Arrival:	5/12/2005	22:52:00	
	Other apparatus/resource	Clear:	5/12/2005	23:28:00	
		In Quarters:		00:00:00	
Actions Taken					
	1)			3)	
	2)			4)	

Personnel ID	Name	Rank
Fox, Scot	Lieutenant EMT-P Scot Fox	Lieutenant EMT-P
Type Action Taken 1): 70 Assistance, other		

