DOT Auto Safety Hotline
Vehicle Owner's Questionnaire

U.S. Department of Transportation
National Highway Traffic Safety Administration

TO REPORT VEHICLE SAFETY DEFECTS
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received: 2005 MAY 23 AM 4:29

Od_or ___ ___
rt_dt ___ ___
od_rt ___ ___
up_ltr ___ ___

Reference No.: 10122629

OWNER INFORMATION (Type or Print)

Name

Street | Apt. No.

City: Tulsa | State: OK | Zip Co

Daytime 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 5/5/05

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) (Located at bottom of windshield on driver's side)	Make	Model	Year
1FMEU1767VL	Ford	Expedition	1997

Purchased Date: 1999 ☐ New ☑ Used

Dealer's Name: FRN of Tulsa, L.L.C.

Dealer's City: Tulsa | State: OK | Zip Code: 74115

Engine Size (CID/CC/L): 4.6L | No. Cylinders: 8 | ☐ Turbo ☐ Diesel ☐ Gas ☑ Fuel Injection

Manufacture Date (on driver's door or pillar)	Transmission Type	Restraint System	Cruise Control	Drivetrain	Vehicle Type	Body Style
	☐ Manual ☑ Automatic	☑ Driverside Air Bag ☐ Motorbelt ☑ Passengerside Air Bag ☐ 2-Point Belt ☐ 3-Point Belt	☑ Yes ☐ No	☐ Front ☑ Rear ☐ 4-Wheel	☐ Car ☑ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☑ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

	Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
		☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement	☐ Yes ☐ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size

No. of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s):	Failed Part(s) Available?	NHTSA Previously Contacted?
		☐ Yes ☐ No	☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☑ No	☑ Yes ☐ No	0	0	☑ Yes ☐ No 4/29/05

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

On April 29, 2005 I went to lunch with a co-worker (Amber Jaworsky). Upon returning I parked my truck + went back inside the building (Tulsa Health Department 5051 S. 129th E Ave. Tulsa, OK). I was sitting at my desk on the phone when my co-worker (Amber) whose office is next door to mine, hollered to me "Vanessa look at your car". I turned around to look out the window and saw smoke coming from the hood of my vehicle. As my eyes focused I saw flames coming from under the hood, on the driver's side, close to the windshield. I was on the phone with my Continue on back.

Mail postage free or fax to 202-366-7882

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

husband at the time. I told him "my truck is on fire, I have to call the fire department." I immediately hung-up and called the fire department. I then went outside and waited for the fire department to arrive.

A co-worker took pictures and they are enclosed.

There was also fire damage to the blue truck that was parked beside my truck.

ATTACH ADDITIONAL SHEETS IF NECESSARY

Use the attached Vehicle Owner's Questionnaire (VOQ) to report a motor vehicle safety problem to the National Highway Traffic Safety Administration (NHTSA) of the U.S. Department of Transportation (DOT). You may also call the DOT Auto Safety Hotline at 1-888-DASH-2-DOT (1-888-327-4236) or file your report online at our Web site at *www.nhtsa.dot.gov/hotline*.

If a safety-related defect exists in a motor vehicle, or item of motor vehicle equipment such as a child safety seat, the manufacturer may be required to recall it and fix it at no cost to the owner. Your report is the first step in this process. It will be viewed with other reports to identify safety defect trends that require investigation.

Government investigators will analyze the problem. If warranted, the manufacturer will be asked to conduct a safety recall campaign.

1-888-DASH-2-DOT
www.nhtsa.dot.gov/hotline

NFIRS -1 Basic

A FDID: 72009 | State: OK | Incident Date: MM 04 DD 28 YYYY 2005 | Station: 27 | Incident Number: 05-0014973 | Exposure: 000
☐ Delete ☐ Change ☐ No Activity

B Location*
☒ Street address ☐ Intersection ☐ In front of ☐ Rear of ☐ Adjacent to ☐ Directions

Number/Milepost: 5051 | Prefix: S | Street or Highway: 129 | Street Type: EA | Suffix:
Apt./Suite/Room: | City: TULSA | State: OK | Zip Code: 74146
Cross street or directions, as applicable:

C Incident Type* 131 Passenger vehicle fire

D Aid Given or Received*
1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None
Their FDID / Their State / Their Incident Number

E1 Dates & Times Midnight is 0000

	Month	Day	Year	Hr Min Sec
Alarm *	04	28	2005	14:25:11
Arrival *	04	28	2005	14:29:33
Controlled				
Last Unit Cleared	04	28	2005	15:14:20

E2 Shift & Alarms Local Option: Shift or Platoon: C | Alarms: | District: 5

E3 Special Studies Local Option: Special Study ID / Special Study Value

F Actions Taken*
Primary Action Taken (1): 11 Extinguish
Additional Action Taken (2):
Additional Action Taken (3):

G1 Resources*
☐ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression		
EMS		
Other		

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values
LOSSES: Required for all fires if known. Optional for non fires.
Property $ 014,000
Contents $ 001,000
PRE-INCIDENT VALUE: Optional
Property $ 014,000
Contents $ 002,000

Completed Modules
☒ Fire-2
☐ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☒ Apparatus-9
☐ Personnel-10
☐ Arson-11

H1 * Casualties ☐ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector Required for Confined Fires.
1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release
N ☐ None
1 ☐ Natural Gas
2 ☐ Propane gas
3 ☐ Gasoline
4 ☐ Kerosene
5 ☐ Diesel fuel/fuel oil
6 ☐ Household solvents
7 ☐ Motor oil
8 ☐ Paint
0 ☐ Other

I Mixed Use Property
NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Bus. & Residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use* Structures
131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern 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
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 house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
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 ☐ Warehouse

Outside
124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Property Use: 965 Vehicle parking area

NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved Local Option

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

☐ Check This Box if same address as incident location. Then skip 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

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 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. Then skip 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 | Tulsa City

OK State | Zip Code

L Remarks Local Option

UPON ARRIVAL FORD EXPEDITION WAS FULLY INVOLVED. EXPOSURES INCLUDED A 98 CHEVY P/U TAG: OWNER DAMAGE DONE TO THE P/U LEFT SIDE WINDOW QUATER PANNEL, TIRE AND REAR BUMPER

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
069522	Mullinax, Rodney A	FC		04	28	2005

Check Box if same as officer in charge.

Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
069522	Mullinax, Rodney A	FC		04	28	2005

72009	OK	MM 4	DD 28	YYYY 2005	27	05-0014973	000	Complete Narrative
Fdid *	State *	Incident Date *			Station	Incident Number *	Exposure *	

Narrative:

UPON ARRIVAL FORD EXPEDITION WAS FULLY INVOLVED. EXPOSURES INCLUDED A 98 CHEVY P/U TAG: OWNER DAMAGE DONE TO THE P/U LEFT SIDE WINDOW QUATER PANNEL, TIRE AND REAR BUMPER

A | FDID 72009 | State OK | Incident Date MM 04 DD 28 YYYY 2005 | Station 27 | Incident Number 05-0014973 | Exposure 000 | ☐ Delete ☐ Change ☐ No Activity | NFIRS -2 Fire

B Property Details

B1 ____ ☐ Not Residential
Estimated Number of residential living units in building of origin whether or not all units became involved

B2 ____ ☒ Buildings not involved
Number of buildings involved

B3 ____ ☐ None
Acres Burned (outside fires) ☐ Less than one acre

C On-Site Materials or Products ☐ None

Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, whether or not they became involved

Enter up to three codes. Check one or more boxes for each code entered.

On-site material (1) ____
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-site material (2) ____
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-site material (3) ____
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

D Ignition

D1 83 Engine area, running
Area of fire origin ★

D2 10 Heat from powered
Heat source ★

D3 00 Undetermined
Item first ignited ★ 1 ☐ Check here if fire spread was confined to object of origin

D4 ____ ____
Type of material first ignited — Required only if item first ignited code is 00 or <70

E1 Cause of Ignition

☐ Check box if this is an exposure report. Skip to section G

1 ☐ Intentional
2 ☐ Unintentional
3 ☒ Failure of equipment or heat source
4 ☐ Act of nature
5 ☐ Cause under investigation
U ☐ Cause undetermined after investigation

E2 Factors Contributing To Ignition ☐ None

20 Mechanical
Factor Contributing To Ignition (1)

____ ____
Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 ☐ Asleep ☐ None
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Confined person
4 ☐ Possibly mental disabled
5 ☐ Physically Disabled
6 ☐ Multiple persons involved
7 ☐ Age was a factor

Estimated age of person involved ____

1 ☐ Male 2 ☐ Female

F1 Equipment Involved In Ignition

☐ None If Equipment was not involved, Skip to Section G

____ ____
Equipment Involved

Brand ____

Model ____

Serial # ____

Year ____

F2 Equipment Power

____ ____
Equipment Power Source

F3 Equipment Portability

1 ☐ Portable
2 ☐ Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes. ☐ None

____ ____
Fire suppression factor (1)

____ ____
Fire suppression factor (2)

____ ____
Fire suppression factor (3)

H1 Mobile Property Involved

☐ None

1 ☐ Not involved in ignition, but burned
2 ☐ Involved in ignition, but did not burn
3 ☒ Involved in ignition and burned

H2 Mobile Property Type & Make

10 Passenger road vehicle.
Mobile property type

FO Ford
Mobile property make

Expedition
Mobile property model

1997
Year

____ OK 1FMEV1767VL
Number State VIN Number

Local Use

☐ Pre-Fire Plan Available

Some of the information presented in this report may be based upon reports from other Agencies

☐ Arson report attached
☐ Police report attached
☐ Coroner report attached
☐ Other reports attached

NFIRS-2 Revision 01/19/99

INCIDENT REPORT [X] REVISED REPORT [ ] FATALITY – YES [ ]

DO NOT WRITE IN THIS SPACE

INVESTIGATION COMPLETED? YES NO Sheet 1 of 6 Sheets

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

REPORTING AGENCY: Tulsa Police Department

ACCIDENT NUMBER: 2005028464

MONTH	DAY	YEAR	24 HOUR TIME	DAY OF WEEK	COUNTY	COUNTY NUMBER
04	26	2005	1425	T (X)	Tulsa	72

STREET, ROAD OR HIGHWAY: Private Property AT [X] 5041 S 129th East Avenue

IN CITY [X] NAME OF NEAREST CITY OR TOWN: Tulsa CITY NUMBER: 50

MOTOR VEHICLES INVOLVED: 2 NUMBER KILLED: 0 NUMBER INJURED: 0

Unit A

UNIT: A OCCUPANTS: 0 COMMERCIAL MOTOR VEHICLE: * HAZ. MAT. PLACARD: *

NAME: Legally Parked,

PHONE: (918) 836-1319

RESULTS: 0

VEH YEAR	COLOR	MAKE	MODEL	STYLE	SIZE	VIN	LICENSE PLATE NO	YEAR	STATE
1997	WHI/WHI	Ford	expedmo	UT	L	1FMEU1767VL		08/2005	OK

OWNER: CITY Tulsa STATE OK

SECURITY VERIFICATION: 2 INSURANCE COMPANY: SAFECO POLICY NO.: Y6883648

FROM: 04/26/2005 TO: 10/26/2005 AGENT NAME: All American,

VEHICLE REMOVED BY: AAA

LEGAL SPEED: RP BEFORE CONTACT: 0 CONTACT: 0 ESTIMATED DAMAGES: $ 12000

Unit B

UNIT: B OCCUPANTS: 0 COMMERCIAL MOTOR VEHICLE: * HAZ. MAT. PLACARD: *

NAME: Legally Parked,

RESULTS: 0.

VEH YEAR	COLOR	MAKE	MODEL	STYLE	SIZE	VIN	LICENSE PLATE NO	YEAR	STATE
1998	BLU/BLU	Chevrole	c1500	Pickup	L			12/2005	OK

OWNER: CITY Tulsa STATE OK

LEGAL SPEED: RP BEFORE CONTACT: 0 CONTACT: 0 ESTIMATED DAMAGES: $ 1500

Injured

INJURED: WITNESS X

UNIT: 0 POSITION IN VEHICLE: 0

DAMAGE TO PROPERTY OTHER THAN VEHICLES: $

OFFICER NAME: Warren, Reginald OFF BADGE NUMBER: 1855 TROOP OR DIVISION: UDN DATE OF REPORT: 4/28/05

SUPPLEMENTAL REPORT REQUIRED: ★

POSITION IN VEHICLE: FRONT

1	2	3
4	5	6

TYPE OR PRINT LEGIBLY

WARNING - STATE LAW - Use of contents for commercial solicitation is unlawful.

COLLISION DIAGRAM

DIRECTION OF TRAVEL — ONE HIGH = FIRST
UNIT A: N S E W
UNIT B: N S E W
VISIBILITY OBSCURED BY

For Diagram See Truck And Bus - Supplement

REMARKS

For Remarks See Narrative

TELEPHONE INITIALED?	UNIT A	UNIT B	INJURED	UNIT A	UNIT B	INVESTIGATION MADE AT SCENE?	Y	N	HIT & RUN?	Y	N	PHOTOGRAPHS TAKEN?	Y	N	OVERRIDE VEHICLE	P	E
							X				X			X			

WHAT VEHICLE(S) WERE GOING TO DO — UNIT A: 13 — UNIT B: 13

1. GO AHEAD
2. TURN LEFT
3. TURN RIGHT
4. MAKE U TURN
5. STOP
6. SLOW FOR CAUSE
7. START FROM PARK
8. CHANGE LANES
9. OVERTAKE
10. PASS
11. BACK
12. REMAIN STOPPED
13. REMAIN PARKED
14. OTHER

WHAT VEHICLE(S) DID — UNIT A: 14 — UNIT B: 14

1. WENT AHEAD
2. TURNED LEFT
3. TURNED RIGHT
4. SWERVED LEFT
5. SWERVED RIGHT
6. ENTERED U TURN
7. STOPPED
8. STARTED FROM PARK
9. ENTERED OTHER LANE
10. OVERTAKING
11. PASSING
12. BACKING
13. REMAINED STOPPED
14. REMAINED PARKED
15. RAN OFF ROADWAY – RIGHT
16. RAN OFF ROADWAY – LEFT
17. OTHER

TRAFFIC CONTROL — UNIT A: 12 — UNIT B: 12

1. STOP SIGN
2. TRAFFIC SIGNAL
3. FLASHING SIGNAL
4. YIELD SIGN
5. WARNING SIGN
6. RAILROAD ADVANCE WARNING SIGN
7. RAILROAD CROSSBUCK
8. RAILROAD GATES
9. RAILROAD SIGNAL
10. NO PASSING ZONE
11. OFFICER
12. NO CONTROL
13. ABNORMAL CONTROL
14. OTHER

TYPE OF ROAD — UNIT A: 12 — UNIT B: 12

1. DRIVEWAY ROAD
2. ALLEY
3. TWO LANES
4. THREE LANES
5. FOUR OR MORE (undivided)
6. FOUR OR MORE (divided)
7. DRIVEWAY
8. TURN BAY
9. OFF RAMP
10. ON RAMP
11. CONSTRUCTION ZONE
12. OTHER

ROAD CHARACTER — UNIT A: 9 — UNIT B: 9

1. STRAIGHT – LEVEL
2. STRAIGHT – UPGRADE
3. STRAIGHT – DOWNGRADE
4. STRAIGHT – HILLCREST
5. CURVE – LEVEL
6. CURVE – UPGRADE
7. CURVE – DOWNGRADE
8. CURVE – HILLCREST
9. OTHER

OBJECT STRUCK BY VEHICLE OR LOAD ON FIRST CONTACT — UNIT A: — UNIT B:

1. FENCE POLE
2. UTILITY POLE
3. GUARD RAIL
4. GUARD RAIL END
5. GUARD POST
6. CULVERT
7. TRAFFIC SIGNAL
8. BARRIER
9. CURB
10. ISLAND
11. TRAFFIC CONTROL SIGN
12. BARD BARRELS
13. ATTENUATORS
14. PAVEMENT DROP OFF
15. DITCH
16. EMBANKMENT
17. TREE
18. RETAINING WALL
19. FENCE
20. BUILDING
21. BRIDGE ABUTMENT
22. BRIDGE PIER
23. BRIDGE RAIL
24. BRIDGE POST
25. BRIDGE CURBS
26. BRIDGE SUPERSTRUCTURE (explain)
27. OTHER HIGHWAY STRUCTURE (explain)
28. OTHER

WEATHER	LIGHT	LOCALITY	ROAD SURFACE	ROAD CONDITION
1. CLEAR 2. FOG 3. CLOUDS PRESENT 4. RAINING 5. SNOWING 6. OTHER	1. DAYLIGHT 2. DARKNESS 3. LIGHTED 4. DAWN 5. DUSK 6. OTHER	1. RESIDENTIAL 2. BUSINESS 3. INDUSTRIAL 4. SCHOOL 5. NOT BUILT UP 6. OTHER	1. CONCRETE 2. ASPHALT 3. GRAVEL 4. DIRT 5. OTHER	1. DRY 2. WET 3. ICE 4. SNOW 5. MUDDY 6. OTHER
1	1	2	UNIT A: 2 — UNIT B: 2	UNIT A: — UNIT B:

POINT OF FIRST CONTACT ON VEHICLE — UNIT A: 9 — UNIT B: 7

TOP ____ BOTTOM ____

VEHICLE CONDITION — UNIT A: 1 — UNIT B: 1

1. APPARENTLY NORMAL
2. BRAKES
3. HEADLIGHTS
4. STEERING
5. TAIL LIGHTS
6. BRAKE LIGHTS
7. TIRES/WHEELS
8. SUSPENSION
9. OTHER

PEDESTRIAN ACTION — UNIT A: — UNIT B:

1. CROSSING AT INTERSECTION
2. CROSSING NOT AT INTERSECTION
3. CROSSING OTHER CROSSWALK
4. GETTING ON VEHICLE
5. GETTING OFF VEHICLE
6. WALKING WITH TRAFFIC
7. WALKING AGAINST TRAFFIC
8. PUSH OR VEHICLE
9. WORK ON VEHICLE
10. PLAYING
11. OTHER WORK
12. OTHER

UNSAFE, UNLAWFUL, OR OTHER ACTION (THIS SECTION PRIMARILY FOR GENERAL STATISTICAL AND ADMINISTRATIVE PURPOSES) — BLOCKS 1 THRU 10 MUST BE DESCRIBED WHEN CHECKED

UNIT A	UNIT B		UNIT A	UNIT B	
		1. FAILED TO YIELD RIGHT-OF-WAY			4. UNSAFE VEHICLE
		2. FOLLOWED TOO CLOSELY			7. LEFT OF CENTER/WRONG WAY
		3. UNSAFE SPEED			8. NOT APPLICABLE/NO IMPROPER ACTION
		4. MADE IMPROPER TURN			9. PEDESTRIAN/PEDALCYCLE ACTION
		5. CHANGED LANES UNSAFELY			10. OTHER (explain)

BLK	REMARKS — UNIT A	BLK	REMARKS — UNIT B
10	Vehicle caught on fire	8	No improper action

THIS REPORT IS BASED ON THE OFFICER'S INVESTIGATION OF THIS ACCIDENT. IT MAY CONTAIN THE OPINIONS OF THE OFFICER.

[DO NOT WRITE IN THIS SPACE]

OFFICIAL OKLAHOMA TRUCK AND BUS COLLISION REPORT – SUPPLEMENT

WHEN TO USE THIS FORM: *Did the collision involve.....*

PART 1 A truck with a least two axles and six tires? ..... Y N
Any vehicle with a hazardous materials placard? ..... Y N
A bus designed to carry 15 or more persons, including the driver? ..... Y N

STOP! ***If any response to Part 1 is "YES" continue to Part 2. If all responses to PART 1 are "NO" do not complete this form.***

PART 2 Any person who was fatally injured? ..... Y N
Any injured person requiring transport for immediate medical treatment? ..... Y N
One or more vehicles that had to be towed from the scene as a result of the collision? ..... Y N
One or more vehicles that required repair or were provided assistance before proceeding from the scene under own power? ..... Y N

STOP! ***If any response to Part 2 is "YES" complete this form. If all responses to PART 2 are "NO" do not complete this form.***

TRUCK/BUS/HAZ MAT VEH		CONTINUATION		REPORTING AGENCY:	ACCIDENT NO.	ADMINISTRATIVE
			X	Tulsa Police Department	2005028454	

MONTH	DAY	YEAR	24 HOUR TIME	COUNTY	COUNTY NUMBER
04	28	2005	1425	Tulsa	72

UNIT NUMBER	US DOT CENSUS NUMBER	ICC NUMBER

CARRIER NAME	SAME AS DRIVER		SAME AS OWNER		SOURCE OF CARRIER NAME	

CARRIER ADDRESS STREET/RFD	CITY	STATE	ZIP

GVWR/GCWR	TOTAL NO. AXLES		HAZ MAT PLACARD	Y	N	MATERIAL IDENTIFICATION NUMBER	HAZARD CLASS		HAZARDOUS MATERIAL SPILL	Y	N	TOWED	Y	N

EVENT 1	EVENT 2	EVENT 3	EVENT 4	ACCESS CONTROL		TRAFFICWAY		VEHICLE CONFIGURATION		CARGO BODY TYPE	

SEQUENCE OF EVENTS (UP TO FOUR EVENTS)

1. RAN OFF ROAD
2. JACKKNIFE
3. OVERTURN (ROLLOVER)
4. DOWNHILL RUNAWAY
5. CARGO LOSS OR SHIFT
6. EXPLOSION
7. SEPARATION OF UNITS

COLLISION INVOLVING

8. PEDESTRIAN
9. MOTOR VEHICLE IN TRANSPORT
10. PARKED MOTOR VEHICLE
11. TRAIN
12. PEDALCYCLE
13. ANIMAL
14. FIXED OBJECT
15. OTHER OBJECT
16. OTHER EVENT

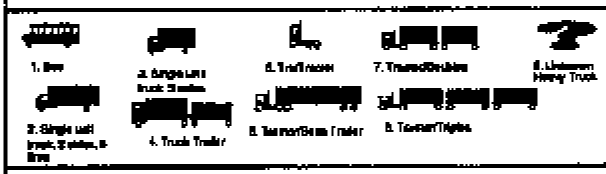
ACCESS CONTROL

1. NO CONTROL (UNLIMITED ACCESS)
2. FULL CONTROL (ONLY RAMP ENTRY AND EXIT)
3. OTHER

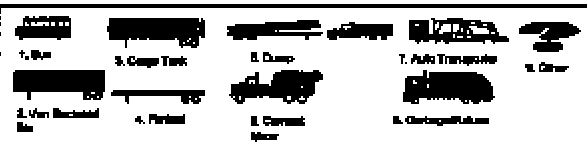
TRAFFICWAY

1. NOT PHYSICALLY DIVIDED 2-WAY TRAFFICWAY
2. DIVIDED HIGHWAY, MEDIAN STRIP WITHOUT TRAFFIC BARRIER
3. DIVIDED HIGHWAY, MEDIAN STRIP WITH TRAFFIC BARRIER
4. ONE-WAY TRAFFICWAY

VEHICLE CONFIGURATION



CARGO BODY TYPE



INJURED/WITNESS CONTINUATION

INJURED	WITNESS	PASSENGER	NAME LAST	FIRST	MI	SEX	ADDRESS	PHONE	DOB MO/DA/YR

UNIT	INJ SEV	TYPE OF INJ	SAFETY EQUIP IN USE	AIR BAG DEPLOYED	Y	N	EJECTED	Y	N	PINNED	Y	N	INJURED TAKEN BY	POS IN VEH

INJURED	WITNESS	PASSENGER	NAME LAST	FIRST	MI	SEX	ADDRESS	PHONE	DOB MO/DA/YR

UNIT	INJ SEV	TYPE OF INJ	SAFETY EQUIP IN USE	AIR BAG DEPLOYED	Y	N	EJECTED	Y	N	PINNED	Y	N	INJURED TAKEN BY	POS IN VEH

INJURED	WITNESS	PASSENGER	NAME LAST	FIRST	MI	SEX	ADDRESS	PHONE	DOB MO/DA/YR

UNIT	INJ SEV	TYPE OF INJ	SAFETY EQUIP IN USE	AIR BAG DEPLOYED	Y	N	EJECTED	Y	N	PINNED	Y	N	INJURED TAKEN BY	POS IN VEH

INJURED	WITNESS	PASSENGER	NAME LAST	FIRST	MI	SEX	ADDRESS	PHONE	DOB MO/DA/YR

UNIT	INJ SEV	TYPE OF INJ	SAFETY EQUIP IN USE	AIR BAG DEPLOYED	Y	N	EJECTED	Y	N	PINNED	Y	N	INJURED TAKEN BY	POS IN VEH

INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE	POSITION IN VEHICLE	SOURCE OF CARRIER NAME	INVESTIGATOR'S INITIALS & BADGE	DATE	REPORT DATE
1. NO INJURY 2. POSSIBLE INJURY 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY	1. HEAD 2. TRUNK - EXTERNAL 3. TRUNK - INTERNAL 4. ARM 5. LEG	1. NOT IN USE 2. SEAT BELT 3. SHOULDER BELT 4. COMBINATION OF 2 & 3 5. CHILD RESTRAINT 6. AIR BAG 7. SAFETY HELMET	FRONT 1 2 3 4 5 6	1. VEHICLE 2. PAPERS 3. DRIVER 4. LOG BOOK	RW/1065 REVIEWER'S INITIALS & BADGE	4/28/05 DATE	4/28/05

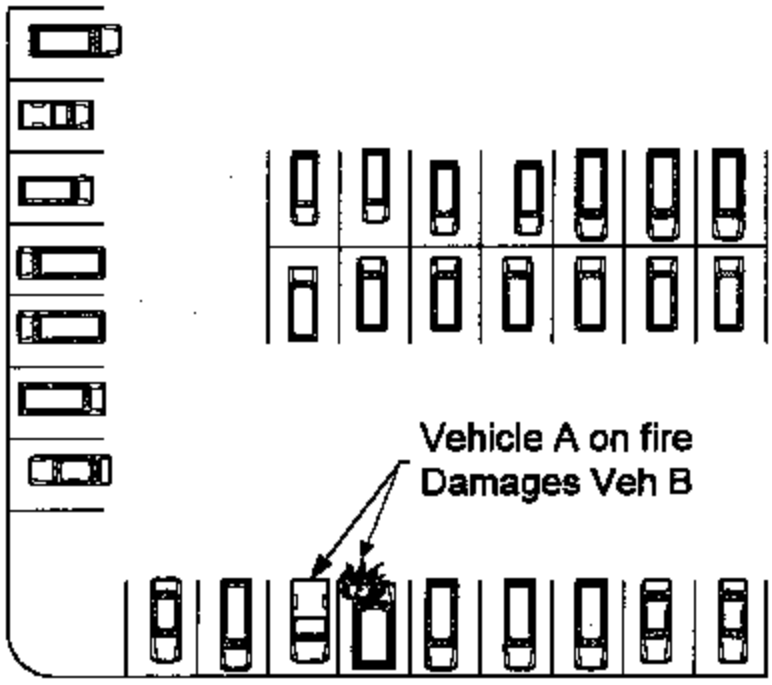
DPS:019202 Rev.5/97

S. 129th E AVE

Tulsa City-County
Health Department

5041 S. 129th E AVE

Private
Property
Parking Lot



ACCIDENT DESCRIPTION NARRATIVE

MONTH	DAY	YEAR	24 HOUR TIME	COUNTY	ACCIDENT NUMBER	ADMINISTRATIVE
04	28	2005	1425	Tulsa	2005028464	

The owner of vehicle A parked her vehicle in the parking lot of her place of employment at approximately 1350hrs. The owner went back to work and was notified by a co-worker that her vehicle was on fire. The Tulsa Fire Department was called and arrived on scene at approximately 1425hrs.

At this point vehicle A was fully engulfed in flames but the fire was eventually put out. The wind direction was blowing in a southern direction. The fire caused damage to vehicle B which was parked on the south side of vehicle A.

Damage: Vehicle A was totaled with an estimated loss of $12,000.00. Vehicle B sustained damage to the rear driver's side quarter panel, rear driver's side tire, and rear tail light.

The owner's of vehicle A and B exchanged information.

Both vehicles were legally parked and unoccupied and the time of the incident.

INVESTIGATOR'S SIGNATURE & BADGE NO
Warren, Reginald OFF. - 1855

DATE
4/28/05

ACCIDENT DESCRIPTION NARRATIVE SHOULD CONSIST OF THE FOLLOWING PARTS:

1. SYNOPSIS
2. NOTIFICATION AND ARRIVAL
3. LOCATION DESCRIPTION
4. ARRIVAL AT SCENE
5. DRIVER IDENTIFIER
6. VEHICLE IDENTIFIER
7. PASSENGER STATEMENT(S)
8. WITNESS STATEMENT(S)
9. INVESTIGATION AT SCENE
10. OFFICER'S OPINION/CONCLUSION

THIS PAGE

INTENTIONALLY

LEFT BLANK