



Office of Defects Investigation

VOQ Confirmation

Your Complaint Information is successfully submitted.

Your Confirmation number (ODI Number) is: 10126043

*Ad d to
10/26/05*

Consent needed

2005 JUL -9 AM 11:20

Your Complaint Information

Consumer Information

Name : [REDACTED]
 Org. Name :
 Address : [REDACTED]
 City, State, Zip : Lexington, TX [REDACTED]
 USA
 Daytime Phone : [REDACTED] Ext :
 Evening Phone : [REDACTED] Fax :
 Email : [REDACTED]

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Complaint Information

Description : My car, a 1994 Lincoln Town Car, caught fire and burned sitin in my drive with the engine turned off. I had parked it and turned the engine off 5 1/2 hours earlier before the incident. The car is a total loss. There was an explosion (I suppose it was due to one of the tires blowing out) that threw some debris from one of the parts that burned into the side of the house causing a hole in the siding on my house and the heat from the fire also buckled the vinyl siding on my house. I have reported this incident to Ford Motor Company, but they do not seem too interested in investigating to see what caused the fire to start. I am including pictures of the burned car and a copy of the Fire Department's report.

Incident Date : 1/31/2005 Fire : Yes
 Num. Failures : Property Damage : Yes
 Num. Deaths : Crash : No
 Num. Injured : Police Report : No
 Referral Source : OTHER

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Vehicle Information

VIN : 1LNLM82W9RYC [REDACTED] Purchase Date : 6/20/1996
 Manufacturer : FORD MOTOR COMPANY

Year, Make and Model :	1994/LINCOLN/LINCOLN <i>Sawn Cab</i>	Original Owner :	No
# of Cylinders :	6	Trans. Type :	AUTOMATIC
Engine Size :		Vehicle Details Usage :	
Cruise Control :	Yes	AntiLock Brakes :	Yes
Current Mileage :	71000	Speed :	
Failure Mileage :	71000	Powertrain :	REAR WHEEL DRIVE
Body Style :	4-DOOR	Fuel System :	FUEL INJECTION
Fuel Type :	GAS	Vehicle Type :	

Vehicle Component Information

Component 1:	ELECTRICAL SYSTEM:WIRING:FRONT UNDERHOOD	OEM:	No
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Vehicle Dealer Information

# Dealer :	1	Dealer Type :	SALES DEALER
Name :	Prestige CP South		
Address :	6905 S IH 35 Austin TX		
Dealer Phone:	512 445-1151	Dealer Fax:	
Email:			

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LEXINGTON VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

DATE: 31-05 TIME 6:30 P.m.

LOCATION: [REDACTED]

TYPE: RESIDENTIAL STRUCTURE, FARM STRUCTURE, INDUSTRIAL, GRASS,
 BRUSH, PUBLIC STRUCTURE, VEHICLE, OIL FIELD, RESCUE,
 EXTRICATION.

NAME OF OWNER: [REDACTED] ADDRESS [REDACTED]

NAME OF TENANT: 2600 ADDRESS 3510

INJURIES: YES, NO. TYPES OF INJURIES _____

NAMES OF INJURED _____

FATALITIES: YES, NO. NUMBER OF FATALITIES _____

CAUSE OF FIRE OR INCIDENT _____

APPARATUS USED 522-525

NUMBER OF FIREFIGHTING OR RESCUE PERSONNEL THAT RESPONDED 5

PERSONNEL INJURIES: YES, NO. TYPES OF INJURIES _____

NAMES OF INJURED _____

PERSONNEL FATALITIES: YES, NO. NUMBER OF FATALITIES _____

PROPERTY INSURED: YES, NO. ESTIMATED DAMAGE _____

NAME OF INSURANCE COMPANY Wright TAG.

ADDRESS OF INSURANCE CO. _____

AMOUNT OF INSURED LOSS PAID _____ DATE PAID _____

METHODS USED FOR INCIDENT _____

AMOUNT OF TIME APPARATUS WAS ON THE SCENE OF INCIDENT 30 min

OFFICER IN CHARGE AT SCENE Randy Brown SIGNATURE Randy Brown

OFFICER FILING REPORT Randy Brown SIGNATURE Randy Brown

DATE OF REPORT 1-31-05



