



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 100148

Date Received

Repository

AUG 19 AM 3:19  
28 JUN 2005

Reference No.  
10128989

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: RICHMOND State: VA 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: \_\_\_\_\_ Date: 8/19/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: JMKAYZ1D8SM281228  
Make: INFINITI Model: J30 Model Year: 1998  
Date Purchased: 01-AUG-04 Dealer's Name and Telephone Number: \_\_\_\_\_  
Original Owner:  Dealer's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Engine: No. Cylinders: 6 Fuel Type: Gas  
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): 17-JUN-2005 Failure Mileage: 181000 Failure Speed: 60  
Wiring with issues

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: DOTMALSABC036)  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), crash(es), and injury(ies).)

Crash:  Yes  No Fire:  Yes  No  
Number of Persons Injured: \_\_\_\_\_ Number of Deaths: \_\_\_\_\_ 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).

DT: CONTACT STATED VEHICLE CAUGHT ON FIRE WHILE DRIVING 60 MPH. THE TOW COMPANY AND THE FIRE DEPARTMENT TOLD CONTACT IT WAS AN ELECTRICAL FIRE. THE CAR BURNT COMPLETELY. SHE BOUGHT THE CAR FROM AN INDIVIDUAL, AND HASN'T TALKED TO THE MANUFACTURER. THERE WERE NO INJURIES. THE FIRE DEPT. WAS CALLED. THE FIRE STARTED IN THE REAR OF THE CAR WHERE THE GAS TANK WAS LOCATED. \*AK

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)

I was driving smelled smoke and then I look in the rear view mirror and I saw fire coming from the back on the driver's side. I quickly pull over on a ramp off of the highway. I proceeded to run to get help with the fire. A few minutes the car was engulfed.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20580

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**

or

**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/odotline](http://www.nhtsa.dot.gov/odotline)

FIRE & EMERGENCY SERVICES  
CITY OF RICHMOND, VA.  
FIRE INCIDENT REPORT

FDJD 76000	INCIDENT NO. 612840	EXP NO. 00	INCIDENT DATE 06/18/2005	DAY OF WEEK SATURDAY	ALARM TIME 00:31:57	ARRIVAL TIME 00:40:37	TIME-IN SERVICE 01:22:48
TYPE OF SITUATION FOUND 13-VEHICLE FIRE							
113							
TYPE OF ACTION TAKEN 1-EXTINGUISHMENT				MUTUAL AID 0-NO MUTUAL AID GIVEN OR RECEIVED			
021				090			
FIXED PROPERTY USE 001-LIMITED ACCESS HIGHWAY, DIVIDED HIGHWAY				IGNITION FACTOR 54-SHORT CIRCUIT, GROUND FAULT			
901							
CORRECT ADDRESS:					ZIP CODE	CENSUS TRACT	
[REDACTED]					23219	600	
OCCUPANT NAME					TELEPHONE	ROOM OR APT.	
[REDACTED]					[REDACTED]		
OWNER NAME				ADDRESS	TELEPHONE		
[REDACTED]				[REDACTED]	[REDACTED]		
METHOD OF ALARM FROM PUBLIC 1-TELEPHONE DIRECT TO FIRE DEPARTMENT				CO-INSPECTION DISTRICT		SHIFT	NO. ALARMS
30				062		C	0001
NO. FIRE SERVICE PERSONNEL RESPONDED		NO. ENGINES RESPONDED		NO. AERIAL APPARATUS RESPONDED		NO. OTHER VEHICLES RESPONDED	
4		0		1		0	
NO. INCIDENT-RELATED INJURIES				NO. INCIDENT-RELATED FATALITIES			
FIRE SERVICE 0 OTHERS 0				FIRE SERVICE 0 OTHERS 0			
COMPLEX 96-ROAD COMPLEX				MOBILE PROPERTY TYPE			
796				5			
AREA OF FIRE ORIGIN 41-PRODUCT STORAGE ROOM OR AREA, STORAGE TANK, STORAGE BIN				EQUIPMENT INVOLVED IN IGNITION 61-ELECTRONIC EQUIPMENT			
941				081			
FORM OF HEAT IGNITION		TYPE OF MATERIAL IGNITED		FORM OF MATERIAL IGNITED			
24-UNSPECIFIED SHORT CIRCUIT ARE		66-CARDBOARD		66-FORM OF MATERIAL NOT APPLICABLE			
124		266		396			
METHOD OF EXTINGUISHMENT 5-PRECONNECTED HOSE LINE(S) WITH WATER CARRIED IN APPARATUS TANKS		LEVEL OF FIRE ORIGIN 1-GRADE LEVEL TO 9 FEET ABOVE GRADE		EST. TOTAL DOLLAR LOSS			
145		151		\$5,000.00			

06-11-2006

14:42:01

RICHMOND FIRE HEAD

804-6487466

560128174

FIRE & EMERGENCY SERVICES  
 CITY OF RICHMOND, VA  
 FIRE INCIDENT REPORT

NUMBER OF STORIES				CONSTRUCTION TYPE			
EXTENT OF DAMAGE				SMOKE			
DETECTOR PERFORMANCE				SPRINKLER PERFORMANCE			
TYPE MAT. GEN. MOST SMOKE			FORM MAT. GEN. MOST SMOKE			AVENUE OF SMOKE TRAVEL	
IF MOBILE PROPERTY INVOLVED	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO		
	1998	INFINITY	J-30		A-DYME		
IF EQUIPMENT INVOLVED	YEAR	MAKE	MODEL	SERIAL NO.	EST. TOTAL PROP. VALUE		
	0				\$5,000.00		
OFFICER IN CHARGE FIREFIGHTER LEVEL II JAMES DUNCAN			DATE 06/18/2005	MEMBER MAKING REPORT FIREFIGHTER LEVEL II JAMES DUNCAN			DATE 06/18/2005

2/3

08-11-2005

14:42:24

RICHMOND FIRE HEAD

804-6487465

FIRE & EMERGENCY SERVICES  
CITY OF RICHMOND, VA.  
FIRE INCIDENT REPORT  
UNITS ASSIGNED/ NARRATIVE

DRIVER SAID SHE WAS GOING SOUTH ON I-65 AND SMELLED SMOKE AND SAW FLAMES COMING FROM THE REAR PACKAGE TRAY WHERE THE STEREO SPEAKERS WERE UPON OUR ARRIVAL THE VEHICLE WAS FULLY INVOLVED-AFTER EXTINGUISHMENT THE MAJORITY OF FIRE DAMAGE WAS TO THE TRUNK AND OCCUPANT AREA OF THE VEHICLE

OFFICER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_