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-2DOT (1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

OCT 18 PM 1:04

FOR AGENCY USE ONLY 100148	
Date Received 24-AUG-2005	Repository ☐
	Reference No. 10134060

OWNER INFORMATION (Type or Print)

Name			
Address			
City DONNA	State TX	Zip Code	

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 [redacted] provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 10/3/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2MELM7[redacted]	MERCURY	GRAND MARQUIS	1994

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
5/5/99	Ruben Cepeda			No. Cylinders 8	Gas
Original Owner ☐	Dealer's City	State	Zip Code		
	Mission	Tx.	78572		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	UNKNOWN	114100 ELECTRICAL SYSTEM:WIRING:FRONT UNDERHOOD Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-MAY-2005 5-6-05			

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: AT Home PARKED
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

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ 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: THE CONTACT OWNS A 1994 MERCURY GRAND MARQUIS. THE CONTACT STATED THAT IN MAY 2006 THE VEHICLE CAUGHT ON FIRE. THE FIRE STARTED IN THE ELECTRICAL SYSTEM IN THE STEERING COLUMN UNDER THE HOOD. THERE WAS NOTHING UNUSUAL ABOUT THE WAY THE VEHICLE WAS OPERATING BEFORE THIS HAPPENED. THE VEHICLE HAD BEEN PARKED ABOUT TWENTY MINUTES WHEN IT CAUGHT ON FIRE. THE FIRE MELTED ALL THE PLASTIC UNDER THE HOOD BECAUSE THEY COULD NOT GET THE HOOD TO OPEN TO PUT THE FIRE OUT. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice ATTACH ADDITIONAL SHEETS IF NECESSARY

When the vehicle described on this title is sold or transferred, the vehicle description below and the Texas Motor Vehicle Transfer Volu
Notification Form on the reverse side may be voluntarily completed by the registered owner(s), detached, and mailed with a $5.00 fee
to: Texas Department of Transportation, Vehicle Titles and Registration Division, P.O. Box 13175, Austin, TX 78711-3175

Title/Document Number	Vehicle Identification Number	Year	Make	Body

[redacted] 1

[redacted] 261 1

DONNA, TX [redacted]

DETACH HERE

TEXAS CERTIFICATE OF TITLE

ORIGINAL

VEHICLE TITLES AND REGISTRATION DIVISION
38846592

VEHICLE IDENTIFICATION NUMBER	YEAR MODEL	MAKE OF VEHICLE	BODY STYLE
2FALN[redacted]	1994	MERC	4D

TITLE/DOCUMENT NUMBER: 10831636262111150 DATE TITLE ISSUED: 05/05/1999

MODEL	MFG. CAPACITY IN TONS	WEIGHT	LICENSE NUMBER
MGL		3800	[redacted]

PREVIOUS OWNER: RUBEN CEPEDA MISSION TX

ODOMETER READING: 61200

OWNER: [redacted] DONNA, TX [redacted]

REMARK(S): ACTUAL MILEAGE REBUILT SALVAGE - LOSS UNKNOWN

X _____
SIGNATURE OF OWNER OR AGENT MUST BE IN INK

UNLESS OTHERWISE AUTHORIZED BY LAW, IT IS A VIOLATION OF STATE LAW TO SIGN THE NAME OF ANOTHER PERSON ON A CERTIFICATE OF TITLE OR OTHERWISE GIVE FALSE INFORMATION ON A CERTIFICATE OF TITLE.

DATE OF LIEN	1ST LIENHOLDER
NONE	

1ST LIEN RELEASED _____ DATE
BY _____ AUTHORIZED AGENT

DATE OF LIEN	2ND LIENHOLDER

2ND LIEN RELEASED _____ DATE
BY _____ AUTHORIZED AGENT

DATE OF LIEN	3RD LIENHOLDER

3RD LIEN RELEASED _____ DATE
BY _____ AUTHORIZED AGENT

IT IS HEREBY CERTIFIED THAT THE PERSON HEREIN NAMED IS THE OWNER OF THE VEHICLE DESCRIBED ABOVE WHICH IS SUBJECT TO THE ABOVE LIENS.

RIGHTS OF SURVIVORSHIP OWNERSHIP AGREEMENT
WE, THE HUSBAND AND WIFE WHOSE SIGNATURES APPEAR HEREIN, HEREBY AGREE THAT THE OWNERSHIP OF THE VEHICLE DESCRIBED ON THIS CERTIFICATE OF TITLE, SHALL FROM THIS DAY FORWARD BE HELD JOINTLY AND, IN THE EVENT OF DEATH OF EITHER THE HUSBAND OR THE WIFE, THE OWNERSHIP OF THE VEHICLE SHALL VEST IN THE SURVIVOR.

SIGNATURE (HUSBAND)

SIGNATURE (WIFE) (WIFE SHOULD SIGN USING HER FULL LEGAL NAME AS "MARY JANE DOE" INSTEAD OF "MRS. JOHN DOE.")

FORM 53-C REV. 11/97

DO NOT ACCEPT TITLE SHOWING ERASURE, ALTERATION, OR MUTILATION.

TEXAS FIRE INCIDENT REPORTING SYSTEM

Donna, Tx — Fire Department

INCIDENT REPORT

1 ☐ Delete
2 ☐ Change

Fill In This Report In Your Own Words

A
FDID: Kn502 | Incident No.: 0501818 | Exp.: 01 | Month: 05 | Day: 16 | Yr.: 05 | Day of the Week: Monday | Alarm: 12:07 | Time in Service: 12:26

B
CORRECT LOCATION | No.: 1404 | Dir.: E | Street Name: Roberts | Type: AVE | Zip Code: 78543 | Cross Trst:

C
Occupant Name: [redacted] | Room or Apt.:

D
Owner Name: [redacted] | Telephone: [redacted]

E
Method of Alarm from Public: Phone | Type of Situation Found: Car Fire | 01

F
Type of Action Taken: Extinguished | 1 | Ch. Inspection District: | Shift: | No. Alarms: | Mutual Aid: ☐ Rec'd. ☐ Given

G
No. Fire Service Personnel Used at Scene: 007 | No. Engines Used at Scene: 001 | No. Aerial Apparatus Used at Scene: 000 | No. Other Vehicles Used at Scene: 001

COMPLETE ON ALL INCIDENTS

H
No. Incident-related Injuries: Fire Service 000 Others 000 | No. Incident-related Fatalities: Fire Service 00 Others 00 | Complex: Automobile | 98

I
Fixed Property Use: Transportation | 001 | Mobile Property Type: Automobile | 11

CASUALTY OR FIRE

J
Area of Fire Origin: Engine compartment | 13 | Level of Fire Origin: 2ft to 4ft | 19 | Termination Stage: Smoldering | 12

K
Equipment Involved in Ignition (If any): Electrical Distribution Equip. | 711 | Form of Heat of Ignition: Spontaneous Ignition | 72

L
Type of Material Ignited: Multiple | 97 | Form of Material Ignited: Wire Insulation | 61 | Ignition Factor: Mechanical | 65

ALL IGNITIONS

M
Structure Type | Construction Type | Construction Method

N
Extent of Flame Damage | Extent of Smoke Damage | Extent of Water Damage

O
Extent of Fire Control Damage | Detector Performance | Sprinkler Performance

FOR STRUCTURE FIRE ONLY

P
IF FLAME SPREAD BEYOND ROOM OF ORIGIN: Type Material Generating Most Flame | Avenue of Flame Travel

Q
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN: Type Material Generating Most Smoke | Avenue of Smoke Travel

R
Method of Extinguishment: Preconnected to fire Apparatus w/water | 6

S
Estimated Total | Property Damage Classification | Time from Alarm to Agent Application: 5m-h | 12

ALL FIRES

T
Officer in Charge (Name, Position, Assignment): Marcelo V. Guerrero | Date: 5-16-05
Member Making Report (If Different from Above): Marcelo V. Guerrero | Date: 5-16-05

GENERAL INCIDENTS

▲ List Name, age, sex, and description of injury for each casualty on Form 9020

Collected by the National Fire Data System

▲▲ Complete Below

☐ Check box if remarks are made on reverse side.

U
If Mobile Property: Automobile | Year: 94 | Make: Mercury | Model: Grand Marquis | Serial No.: TC | License No. (If any): X65-GHD

V
If Equipment Involved in Ignition | Year | Make | Model | Serial No. | Voltage (If any)