



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-800-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received: 07-SEP-2005
Repository:
Reference No.: 10135898

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: ELKIN State: NC Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Evening Telephone Number: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, NHTSA cannot provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 9/28/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield or driver's side door): 1FTEX1 [REDACTED]
Make: FORD Model: F150 Model Year: 1996
Date Purchased: 16-MAY-97 Dealer's Name and Telephone Number: [REDACTED] Engine: No. Cylinders: 8 Fuel Type: Gas
Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: 4 WHEEL DRIVE
Vehicle Component Code: 185000 VEHICLE SPEED CONTROL: CRUISE CONTROL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 07-SEP-2005 Failure Mileage: [REDACTED] Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe to detail the incident(s). Enumerate, crash(es), and injuries.)

Crash: Yes No Fire: Yes No
Number of Persons Injured: [REDACTED] Number of Deaths: [REDACTED] 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: TRUCK BURNED AFTER SITTING IN THE DRIVEWAY FOR NINE HOURS. IT BURNED WITHOUT WARNING, NO PROPERTY DAMAGE. FIRE DEPARTMENT CAME AND A REPORT WAS TAKEN. DEALER WOULD NOT TALK TO THE CONSUMER ABOUT WHAT CAUSED THE FIRE. MANUFACTURER WAS NOT WILLING TO OFFER ANY HELP TO CONSUMER BECAUSE THERE WAS ONLY LIABILITY INSURANCE ON THE VEHICLE. THEY SAID THEY DID ALL THEY COULD DO SINCE THERE WAS NO FIRE INSURANCE COVERAGE ON THE VEHICLE. THE FIRE STARTED ON THE DRIVER'S SIDE OF THE ENGINE. VEHICLE WAS TOTALED. *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 responses or a statistical summary thereof, may be used in support of the agency's action.

B Location* Check this box to indicate that the address for this incident is provided on the Wildland File Models in Section 8 "Alternative Location Specification". Use only for Wildland fires. Census Tract -

Street address Intersection In front of Rear of Adjacent to Directions
Number/Highway Prefix Street or Highway Street Type Suffix
Apt./Suite/Room City State Zip Code
Elkin NC 28720
Cross street or directions, as applicable

C Incident Type * 131 Passenger vehicle fire
Incident Type

E1 Date & Times Midnight is 0000
Check boxes if dates are the same as Alarm Date. ALARM always required
ARRIVAL required, unless canceled or did not arrive
CONTROLLED Optional, except for wildland fires
LAST UNIT CLEARED, required except for wildland fires
 Alarm * 07 21 2005 05:30:00
 Arrival * 07 21 2005 05:33:00
 Controlled 07 21 2005 06:09:00
 Last Unit Cleared 07 21 2005 06:13:00

E2 Shift & Alarms Local Option

Shift or Alarm District

E3 Special Studies Local Option

Special Study ID# Special Study Value

D Aid Given or Received*
 1 Mutual aid received Their FID# Their State
 2 Automatic aid received
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given Their Incident Number
 6 None

F Actions Taken *
11 Extinguishment by fire
Primary Action Taken (1)
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 0001 0012
 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. None
 Property \$ 003 000
 Contents \$ 000 000
PRE-INCIDENT VALUE: Optional
 Property \$ 003 000
 Contents \$ 000 000

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

H3 Hazardous Materials Release
 None
 1 Natural Gas: also leak, no evacuation or shelter actions
 2 Propane gas: on in tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel heating equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
 6 Household solvents: household/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling < 55 gallons
 9 Other: Special Hazmat actions required or spill > 5 gal.
Always complete the Hazmat Form

I Mixed Use Property
 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
 936 Vacant lot
 938 Graded/ware 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
 Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 Property Use 965
Vehicle parking area
NFIRS-1 Revision 09/11/99

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-1B) 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

City

State

Zip Code

L Remarks

Local Option

Fire of undetermined origin in engine compartment.

 More Remarks? Check this box and attach Supplement Forms (NFIRS-1B) as Necessary
L Authorization

6207

Officer in charge ID

Wheeler, Charles T

Signature

FC

Position or rank

Assignment

07

21

2005

Month Day Year

Check box if same as Officer in charge.

6207

Number making report ID

Wheeler, Charles T

Signature

FC

Position or rank

Assignment

07

21

2005

Month Day Year













