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

FOR AGENCY USE ONLY 10014B

Date Received	Repository
2005 NOV -2 23-SEP-2005	
Reference No. 10137397	

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number	
City FREDERICKSBURG State VA Zip Code [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner Dalton Collins Date 09/28/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number (Located at bottom of windshield on driver's side)	Make	Model	Model Year
1FTRX18[redacted]	FORD	F150 Lariat Supercab	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
18-JUN-04	SATURN OF FREDERICKSBURG			No: Cylinders 8	Gas
Original Owner ☐ NO	Dealer's City FREDERICKSBURG	State VA	Zip Code 22408		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	114100 ELECTRICAL SYSTEM:WIRING:FRONT UNDERHOOD Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
08-SEP-2005 22	80000	0

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: DOTMALGABC035)	☐ 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

(Those directly related to the Incident(s), Failure(s), Crash(es), and Injury(ies))

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No	0	0	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 CONSUMER STATES THAT 2000 FORD F150 CAUGHT ON FIRE AND BURNED. THE ENTIRE FRONT END WAS DESTROYED. THE FIRE STARTED UNDER THE HOOD IN FRONT OF THE DRIVER'S SIDE. THE CONSUMER HAD JUST GOTTEN OUT OF THE TRUCK ABOUT FIVE MINUTES PRIOR. THE CRUISE CONTROL HAD NOT BEEN USED. THE TRUCK WAS LIKE NEW AND EVERYTHING WAS IN WORKING ORDER. THE TRUCK WAS REGULARLY MAINTAINED. THE TRUCK WAS ENGULFED IN FLAMES WITHIN A FEW SECONDS. A WITNESS STATED TO THE OWNER THAT THE TRUCK SOUNDED LIKE IT WAS TRYING TO START. THE WITNESS SAID THE TRUCK SOUNDED LIKE THE ENGINE WAS CRANKING. THE FIRE DEPARTMENT CAME AND PUT OUT THE FIRE. THE FIRE CHIEF STATED THAT THE FIRE STARTED ON THE DRIVER'S SIDE UNDER THE HOOD. THE POLICE WERE ALSO PRESENT. FIRE REPOR, POLICE REPORT , AND INSURANCE REPORT WERE TAKEN. THE CONSUMER WAS GOING TO TAKE PICTURES OF THE VEHICLE. THE DEALER AND MANUFACTURER HAVE NOT BEEN CALLED AT THIS TIME, BUT WILL BE CALLED. *AK

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

DEPARTMENT OF POLICE
615 Princess Anne Street
Fredericksburg, Virginia 22401

Business: 540-373-3122 **FAX: 540-372-1108**

Facsimile (FAX) Transmittal Cover Sheet

DATE: 9-23-05 **NUMBER OF PAGES:** _____
(Including Cover Sheet)

FROM: [redacted]

PHONE: _____ **EXT.:** _____

PLEASE DELIVER THE FOLLOWING PAGES TO: [redacted]

NAME: [redacted]

ADDRESS: _____

_____

COMMENTS _____

_____

PLEASE CONFIRM RECEIPT _____ Yes _____ No

THE ATTACHED INFORMATION IS CONSIDERED CONFIDENTIAL.

IF YOU ARE NOT THE INTENDED RECIPIENT LISTED ABOVE OR YOU HAVE RECEIVED THIS INFORMATION IN ERROR, OR FOR TRANSMITTAL PROBLEMS, PLEASE CALL 540-372-1047 IMMEDIATELY.

PD Form 136

INCIDENT REPORT

PUBLIC COPY

INCIDENT DATA

Agency Name	*Fredericksburg Police Department*
ORI	[redacted]
Case#	[redacted]
Date / Time Reported	*09/22/2005 15:33*
Last Known Secure	*09/22/2005 15:33*
At Found	*09/22/2005 15:33*
Location of Incident	[redacted] *Fredericksburg VA 22401-*
Premise Type	*Parking Lot/garage*
Zone/Tract	*21*
#1 Crime Incident(s)	*Fires Not Arson 943* (Cons)
#2 Crime Incident	( )
#3 Crime Incident	( )
Weapon / Tools	
Entry / Exit / Security	
MO	

VICTIM

# of Victims	Type	Injury
1	INDIVIDUAL	

V1	Victim of Crime #	DOB	Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
[redacted]	*1*		*36*	*W*	*F*	*JBU*	*Non-Resid*	

Home Address: [redacted] Home Phone: *540-752-1*

Employer Name/Address: Business Phone:

VYR	Make	Model	Style	Color	Lic/Js	VIN
2000	*FORD*	*LARIAT*	*PU*	*BLU*	*THENUP, VA*	*1FTEX1EL0* [redacted]

CODES: V - Victim (Enter V1, V2, V3), O = Owner (if other than victim), R = Reporting Person (if other than victim)

OTHERS INVOLVED

Type: INDIVIDUAL

Code	Victim of Crime #	DOB	Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
RP [redacted]			*36*	*W*	*M*			

Home Address: [redacted] *Fredericksburg, VA* [redacted] Home Phone: [redacted]

Employer Name/Address: *(POLICE OFFICER)* Business Phone: [redacted]

Type:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status

Home Address: Home Phone:

Employer Name/Address: Business Phone:

PROPERTY

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown
("QJ" = Recovered for Other Jurisdiction)

V#	Code	Status Date/Tp	Value	QJ	QTY	Property Description	Make/Model	Serial Number
1	*PTR*	*TARG*	*$20,000.00*		*1*	*2000 BLU, THENUP VA*	*FORD Lariat*	*1FTEX1EL0YNA01705*

Officer/ID# *YOUNG, J. T. (PATR. SQD1) (Y9665)*

Invest ID# *(0)* Supervisor *PETERSON, P. D. (PATR. SQD1)*

Complainant Signature: Case Status: *Non-criminal* *09/23/2005* Case Disposition: Page

Fredericksburg Police Department

Victim [redacted]

Offense FIRES NOT ARSON

Date/Time Thu 09/22/2005 15:3

[redacted]

ON 09/22/2005, I RESPONDED TO A VEHICLE FIRE IN THE KOHLS PARKING LOT IN CENTRAL PARK. WHEN I ARRIVED, THE LEFT FRONT DRIVERS SIDE OF THE VEHICLE WAS CONSUMED BY FLAMES. I FULLY DISCHARGED MY FIRE EXTINGUISHER ON THE FIRE WITH NEGATIVE RESULTS. WITHIN A FEW MINUTES, THE FREDERICKSBURG FIRE DEPARTMENT RESPONDED AND EXTINGUISHED THE FIRE.

I HAD MANAGEMENT AT KOHLS PAGE THE OWNER OF THE VEHICLE, [redacted] RESPONDED TO THE PARKING LOT. [redacted] STATED THAT SHE HAD ONLY BEEN OUT OF THE VEHICLE AND IN THE STORE A SHORT TIME. COLLINS STATED THAT THE VEHICLE HAD BEEN RUNNING FINE, WITH THE EXCEPTION OF A "FUNNY SMELL" COMING FROM THE AIR CONDITIONING VENTS PRIOR TO VEHICLE SHUT DOWN.

[redacted] STATED THAT THE VEHICLE IS INSURED BY STATE FARM, AND IT IS PAID FOR WIT NO LIENS AGAINST IT.

THE SCENE WAS TURNED OVER TO CAPTAIN DOUGLAS BLEDSOE OF THE FREDERICKSBURG FIRE DEPARTMENT.

AFTER CAPTAIN BLEDSOE WAS THROUGH WITH HIS INVESTIGATION, THE VEHICLE WAS TOWED BY EUBANKS. NO FURTHER AT THIS TIME.

SEP-23-2005 16:22 RECEIVED

Incident [redacted]

Fredericksburg Police Department

OCA: [redacted]

1	Veh Yr/Make/Model: *2000 FORD, Lariat*	Style: *PU*	Color: *BLU*	Lic/Lic: *THSNUP VA 2006*	Vin: *1FTRX18L0* [redacted]
	IBR Status: *Target*	Date: *09/22/2005*	Location: *1571 CARL D SILVER PKY, FREDERICKSBURG VA*		
	Condition:	Value: *$20, 000.00*	Offense Code: *902*	Jurisdiction: *Locally*	State #:	NIC #:
	Name (Last, First, Middle): [redacted]	Also Known As:	Home Address: [redacted] *FREDERICKSBURG, VA* [redacted]		
	Business Address:				
	DOB: [redacted]	Age: *36*	Race: *W*	Sex: *F*	Hgt: *506*	Wgt: *130*	Scars, Marks, Tattoos, or other distinguishing features:

Notes

601 Princess Anne Street
Fredericksburg, Va. 22401
Capt. Mark Bledsoe
540-372-1050
[redacted]

Fredericksburg Fire Department

Fax

To: [redacted]	From: Capt. Mark Bledsoe
Fax: [redacted]	Pages: 6
Phone: [redacted]	Date: 9/24/2005
Re: Fire report	CC: [Click here and type name]

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

Any questions, Please call.

Mark

Fredericksburg Fire Dept. - 601 Princess Anne Street, Fredericksburg, VA 22401 540-372-1050

A 63000 (FDID) | VA (State) | 09/22/2005 (Incident Date) | 2 (Station) | 20050001660 (Incident Number) | 00 (Exposure) | **NFIRS -1 Basic**

B Location

☐ Use Wildland Fire Module for Location

Census Tract 0005.00

1 Street address: [redacted] (Number/Milepost) [redacted] (Prefix) (Street or Highway) PKY (Street Type) (Suffix)

FREDERICKSBURG (City) VA (State) [redacted] (Zip Code)

RETAIL DR (Cross Street or Direction)

C Incident Type

130 Mobile property (vehicle) fire, other (Incident Type)

D Aid Given or Received

N None

E1 Dates & Times

	Date	Time
Dispatch	09/22/2005	15:33:52
☒ Arrival	09/22/2005	15:36:31
☒ Controlled	09/22/2005	15:40:13
☒ Last Unit Cleared	09/22/2005	16:47:04

E2 Shifts & Alarms (Local Option)

Shift or platoon	Alarms	District
B	1	2

E3 Special Studies (Local Option)

Special Study Identifier | Special Study Value

F Action Taken

11 Extinguishment by fire service personnel (Primary Action Taken (1))

(Additional Action Taken (2))

(Additional Action Taken (3))

G1 Resources

☐ Check this box and skip this section if no Apparatus or Personnel data is used.

	Apparatus	Personnel
Suppression	1	3
EMS	0	0
Other	1	1

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all type 1 losses. Optional for non-fires.

			None
Property	$	0	☒
Contents	$	0	☒

PRE-INCIDENT VALUE:

Property	$	0	☒
Contents	$	0	☒

Completed Modules

- ☒ Fire-2
- ☐ Structure-3
- ☐ Civilian Fire Cas.-4
- ☐ Fire Serv. Casualty-5
- ☐ EMS-6
- ☐ Hazmat-7
- ☐ Wildland Fire-8
- ☒ Apparatus-9
- ☒ Personnel-10
- ☐ Arson-11

H1 Casualties ☒ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

H3 Hazardous Materials Release

N None

I Mixed Use Property

NN Not mixed use

J Property Use

965 Vehicle parking area

M Authorization

BLEDSOE (Officer in charge ID)	Mark Bledsoe (Signature)	CAPT (Rank)	Command (Assignment)	09/22/2005 (Date)
☐ Check box if same as Officer in charge: NEWTON (Member making report ID)	Jeffrey Newton (Signature)	FF (Rank)	Driver (Assignment)	09/22/2005 (Date)

Fredericksburg Fire Dept. - 601 Princess Anne Street, Fredericksburg, VA 22401 *540-372-1050*

Incident: [redacted]

K1 **Person/Entity Involved** Local Option — KOHLS (Business name (if applicable)) — (640) 786-4602 (Phone Number)

☐ Check only box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI [redacted] Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

K2 **Owner** Local Option — ☐ Same as person involved? Then check this box and skip the rest of this section. Business name (if applicable) — ( ) - 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

Responded to a vehicle fire in the Kohl's parking lot. Engine compartment fully involved, smoke and heat damage to passenger compartment, vehicle was heavily damaged due to fire. Deployed the 1.5 inch attack line and extinguished the fire. Cause of fire undetermined, nothing suspicious, fire appeared to start in the engine compartment, owner , Darlene Collins, 767-30-890, stated vehicle was paid for in full, and was insured with state Farm. Allen Brestow,

vehicle ID# IFTRX18LOYNA93768 2000 F150) Pickup, Tag # THSNUP

This vehicle does have numerous recalls from Ford Motor Company, including one that may cause fires.

Fredericksburg Fire Dept. - 601 Princess Anne Street, Fredericksburg, VA 22401 540-372-1059

A 63000 (FDID) | VA (State) | 09/22/2005 (Incident Date) | 2 (Station) | 20050001880 (Incident Number) | 00 (Exposure) | **NFIRS - 2 Fire**

B Property Details

B1 ☐ Not Residential
Estimated number of residential living units in building (if single) whether or not all units involved

B2 Number of buildings involved ☐ Buildings not involved

B3 Acres burned (outside fire) ☐ None ☐ Less than one acre

C On-Site Materials or Products ☒ None

On-site material (1) ☐

On-site material (2) ☐

On-site material (3) ☐

D Ignition

D1 83 Engine area, running gear, wheel area
Area of fire origin

D2 UU Undetermined
Heat source

D3 UU Undetermined
Item first ignited 1 ☐ Check box if fire spread was confined to object of origin

D4 UU Undetermined
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.

5 ☒ Cause under investigation

E2 Factors Contributing to Ignition

☐ None

UU Undetermined
Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition

1 ☐ Asleep
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Possibly mentally 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

☐

Portable equipment normally can be moved by one person, is designed to be used 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

3 ☒ Involved in ignition and burned

H2 Mobile Property Type & Make

10 Passenger road vehicle, other
Mobile property type

FO Ford
Mobile property make

Mobile property model

Year

License Plate 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

Fredericksburg Fire Dept. - 501 Princess Anne Street, Fredericksburg, VA 22401 540-372-1069

A								NFIRS - 9 Apparatus or Resources
63000 FDID	VA State	09/22/2005 Incident Date	2 Station	20050001860 Incident Number	00 Exposure	☐ Delete ☐ Change		

B Apparatus or Resource (Use codes listed below)	Dates and Times (Check if same date as above date)			Sent ☐	Number of People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken
1 ID E11 Type 11	Dispatch	☒	09/22/2005 1535	☐	3	☒ Suppression	
	Arrival	☒	09/22/2005 1537				
	Clear	☒	09/22/2005 1647				
2 ID RESP1 Type 82	Dispatch	☒	09/22/2005 1533	☐	1	☒ Other	
	Arrival	☒	09/22/2005 1535				
	Clear	☒	09/22/2005 1647				

Type of Apparatus or Resource

Ground Fire Suppression
- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 15 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 19 Ground fire suppression, other

Heavy Ground Equipment
- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 29 Heavy equipment, other

Aircraft
- 41 Aircraft fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 49 Aircraft, other

Marine Equipment
- 51 Fire boat with pump
- 52 Boat, no pump
- 59 Marine apparatus, other

Support Equipment
- 61 Breathing apparatus support
- 62 Light and air unit
- 69 Support apparatus, other

Medical & Rescue
- 71 Rescue unit
- 72 Urban search & rescue unit
- 73 High angle rescue unit
- 78 BLS unit
- 79 ALS unit
- 79 Medical and rescue unit, other

Other
- 81 Mobile command post
- 82 Chief officer car
- 83 Hazmat unit
- 84 Type 1 hand crew
- 85 Type 2 hand crew
- 89 Privately owned vehicle
- 00 Other apparatus/resource

More apparatus? Use additional sheets.

NN None
UU Undetermined

Fredericksburg Fire Dept. - 601 Princess Anne Street, Fredericksburg, VA 22401 540-372-1050

NFIRS - 1B Personnel

A 63000 (FDID) VA (State) 09/22/2005 (Incident Date) 2 (Station) [redacted] (Incident Number) 00 (Exposure) ☐ Delete ☐ Change

B Apparatus or Resource (Use codes listed below)	Dates and Times (Check if same date as alarm date)	Sent	Number of People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel)
1 ID E11 Type 11	Dispatch ☒ 09/22/2005 1539 Arrival ☒ 09/22/2005 1537 Clear ☒ 09/22/2005 1647	☐	3	☒ Suppression	

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
KEYES	Keyes, Dennis L	FF	☐				
NEWTON	Newton, Jeffrey	FF	☐				
PAYNE	Payne, Roger C.	FF	☐				

B Apparatus or Resource (Use codes listed below)	Dates and Times (Check if same date as alarm date)	Sent	Number of People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel)
2 ID RESP1 Type 92	Dispatch ☒ 09/22/2005 1533 Arrival ☒ 09/22/2005 1536 Clear ☒ 09/22/2005 1647	☐	1	☒ Other	

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
BLEDSOE	Bledsoe, Merk	CAPT	☐				

↑ Bottom of Photo middle of engine

↑ Side View of Engine from drivers side

↑ Bottom of Photo right side (drivers side) of engine

Passenger (left) side engine

↑ Bottom of Photo

front driver side tire

Right (driver side) engine

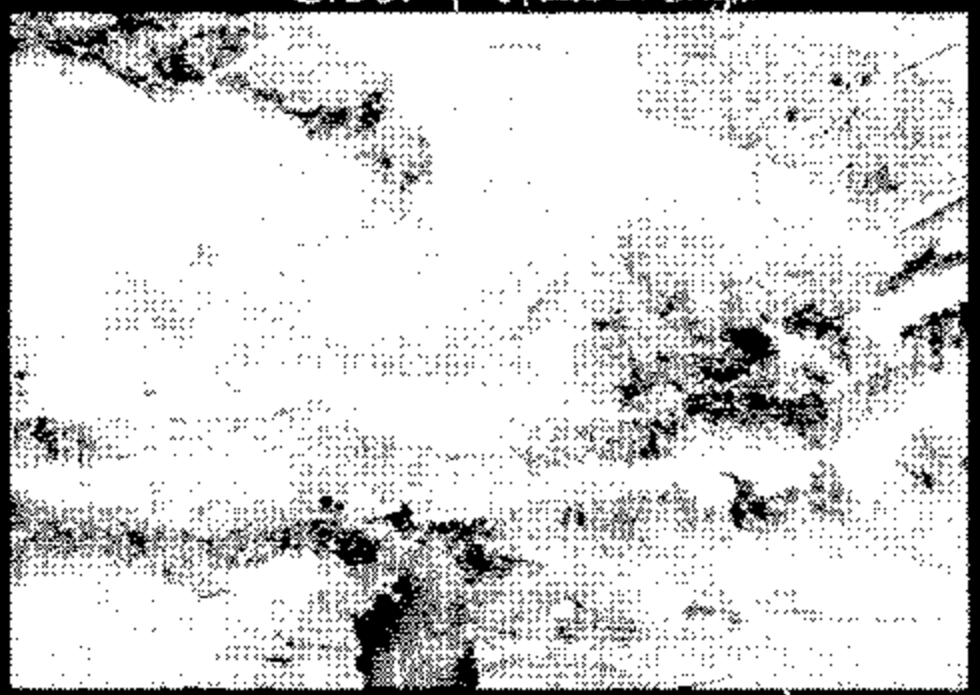
↑ bottom of Photo

↑ bottom of Photo

↑ left side of engine
bottom of Photo

Closeup View of engine ↑

↑ front of truck



Top view (radiator etc.)

↑ front of truck (closeup)

Additional photos of truck & damage