



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

JAN 25 PM 3:16
16-DEC-2005

Repository ☐

Reference No.

10145461

OWNER INFORMATION (Type or Print)

Name

Address

City

COMPTON

State

CA

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FAPF62S

Make

FORD

Model

TAURUS

Model Year

1999

Date Purchased

20-MAR-05

Dealer's Name and Telephone Number

Engine:

No: Cylinders 8

Fuel Type:

Gas

Original Owner

☐

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☒ Cruise Control

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: ☐

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

14-DEC-2005

Failure Mileage

130000

Failure Speed

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: DOTM18ABC038)

☐ 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

N

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 HEARD AN EXPLOSION OUTSIDE HIS HOME ON DECEMBER 14, 2005 AT APPROXIMATELY MIDNIGHT. HE CAME OUT OF THE HOUSE TO FIND THAT 1999 FORD TAURUS CAUGHT ON FIRE WHILE PARKED. THE FIRE APPEARED TO BE LOCALIZED IN THE FRONT ENGINE COMPARTMENT. THE POLICE WERE NOT NOTIFIED, BUT THE FIRE DEPARTMENT EXTINGUISHED THE FIRE. BASED ON THE EVENTS IT BELIEVED THAT THE FIRE WAS RESULT OF A DEFECTIVE VEHICLE SPEED CONTROL. *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.

PRECIS

5/12/19

OFFICE OF THE SHERIFF - SHERIFF'S DEPARTMENT

FIRE REPORT

DATE 12-75-05

Page 1 of 3

Area of Interest	Incident No.	Year of Report	No. of Injured	No. of Property Damaged	URR
Fire (MECHANICAL) / INC 1445			0	0	

Time of Day	Day of Week	Fire Occurred	Fire Reported	Type of Location
	THURSDAY			RESIDENCE

CODE: V-Victim, W-Witness, I-Informant (If business involved use business name as victim #1)	First	City	State	Zip	Rel. Phone (Area Code)	Bus. Phone (Area Code)
		CAMPDEN	CA			
Occupation	First	City	State	Zip	Rel. Phone (Area Code)	Bus. Phone (Area Code)
UNEMPLOYED						

Circle code if supp. pages used for: V W S S/P S/V S/V	Last Name	First	Middle	Driver's License (State & No.)
Address	City	State	Zip	Rel. Phone (Area Code)
Height	Weight	DOB	Age	Where Obtained

CONSENT TO INVESTIGATE ORIGIN AND CAUSE OF FIRE
I HEREBY GRANT PERMISSION TO INVESTIGATORS OF THE SHERIFF'S DEPARTMENT TO ENTER AND EXAMINE THE PREMISES OR VEHICLE AT CAMPDEN CA

I UNDERSTAND THE INVESTIGATION FOR THIS PURPOSE MAY CONTINUE FOR A PERIOD OF 30 DAYS FROM THIS DATE.
DATE 12-75-05 SIGNATURE

ALL FIRE REPORTS REQUIRE TELEPHONIC NOTIFICATION TO THE PERSON/EXPLOSIVES DETAIL				Person notified at Arson/Explosives Detail				Time	
Investigation Requested	Immediate	Routine	Requested by: (Name & Rank)	Male	Body Type	Color	By: Deputy	Engr. No.	
Yes/No, Anyone Involved							WALDIE, L.	468747	
Victim/Injured () Stated () Impounded () Stowed			Yr. 99	FIND	40R	GRAY	Deputy TERRY C.	409425	
Station (State & No.)			V.I.R. Form No. 1FAFP525				Station OPT 1014	EN	
Registered Owner							Engr. No. 077448	1000	
Identifying Characteristics							Assignment OPT FIRE		
EXR. 160	Yes ()	Garage name & Phone	Victim Deceased of Prosecution	Yes ()	Victim Injured for Loss	Yes ()	E.A.R. No.		
Submitted	No (X)								
Approved by			Time	Arrest Review Submitted	Yes ()	No ()	TT E/C BY	Date	

USE FOR PROPERTY/NARRATIVE AS NEEDED

Date 12-15-05	URN #	Sherry's Time of Call - Del. Ch. 0010	F.D. Eng. Co. 43	Fire Cost. MELANSON	F.D. Alarm Time 0006
MATERIAL DAMAGE: ☐ Story ☐ House ☐ Shed ☐ Tree ☐ Story ☐ Garage ☐ Limbo ☐ Tree ☐ Brick ☐ Restaurant ☐ Grass ☐ Grass ☐ Glass ☐ Street ☐ Brush ☐ Ash ☐ Wood ☐ Sidewalk ☐ Other ☐ Metal ☐ Mail		F.D. Point of Entry N/A			

Exact Location of Vehicle	ENTIRE VEHICLE				
Total Value	\$7500.00				
Estimated Loss					
Insured by ()	Evidence ()	Map ()	Vehicle ()	Witness ()	Other ()
INSURANCE CO. N/A	N/A	N/A	N/A	N/A	N/A
IF BURNED: Fuel Used	Yes ()	No ()	Point of Entry	Door ()	Window ()
N/A	No	No			

PROPERTY: (Total Value)	Recovered \$	Stolen \$	Damaged \$	2500.00
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PROPERTY CODE:	1. Stolen R. Recovered L. Lost F. Found E. Encountered D. Damaged	Property Released To
Code 1 1 1	VEHICLE, 1999 FORD Taurus, 4DR, GREY	
Code 1 1 1	LIC # 4FDM408, BURNED, 6 YEARS OLD	

WE RESPONDED TO THE INDICATED LOCATION AT THE ABOVE DATE AND TIME REGARDING A FIRE CALL (TAB 2.)

UPON OUR ARRIVAL, WE OBSERVED THE VICTIM'S VEHICLE ENBULFED IN FLAMES UNDER THE GARAGE OF THE DRIVEWAY AT THE INDICATED LOCATION.

ENGINE 43 WAS ON SCENE AND UNDER THE DIRECTION OF CAPTAIN MELANSON, EXTINGUISHED THE FIRE.

ACCORDING TO CAPT. MELANSON, THE FIRE APPEARED TO HAVE ORIGINATED IN THE DRIVE TRAIL AREA OF THE VEHICLE AND WAS MECHANICAL IN NATURE.

PART I STATISTICAL INFORMATION			ADDITIONAL	NUMBER OF
PROPERTY	STOLEN	RECOVERED	TYPE OF PROPERTY	VEHICLES
JEWELRY				
LIVESTOCK				
LOCAL FIRE				
VEHICLE				
ARMED/ARMED				
OFFICE				
TELEPHONE				
OTHER				

WEAPONS CODE
 1. FIREARMS
 2. GUNNERS
 3. GUNNERS
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 100. GUNNERS

I CONTACTED THE VICTIM WHO
TOLD ME THE FOLLOWING:

HE WAS INSIDE HIS HOME (THE
ABOVE INDICATED LOCATION) WHEN HE HEARD
A LOUD BANG. HE CAME OUTSIDE AND
SAW HIS VEHICLE IN FLAMES. HE
STATED HE LAST DROVE THE VEHICLE
AT 1700 HRS ON 12-14-05 AND THAT
THERE WERE NO PROBLEMS THAT HE
NOTICED. HE SAID HE HAS OWNED
THE VEHICLE FOR 6-8 MONTHS.

BASED ON THE VICTIM'S STATEMENTS
AND THE FIRE CAPTAIN'S STATEMENT, I
FORMED THE OPINION THAT THE NATURE OF
THE FIRE IS NONCRIMINAL / ACCIDENTAL.

A REPORT MEMO WAS ISSUED.