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

2007 FEB 22 AM 9:40

FOR AGENCY USE ONLY 100148	
Date Received 02-JAN-2007	**Repository** ☐
	Reference No. 10177555

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City MEADVILLE	**State** MS	**Zip Co** [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 _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1B3E[redacted]46X5YN[redacted]	DODGE	STRATUS	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	CHAMBERLIN AUTO 601-786-8500			No: Cylinders	Gas
Original Owner ☐	Dealer's City FAYETTE	State MS	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
	☒ Antilock Brakes ☐ Cruise Control	UNKNOWN	060000 ENGINE AND ENGINE COOLING Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-OCT-2006	79000		

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

TL* - THE CONTACT STATED THAT WHILE PARKED WITH THE ENGINE OFF AND THE IGNITION IN THE ON POSITION AND PLAYING THE RADIO WHEN SMOKE WAS COMING FROM THE HOOD. THE CONTACT STATED THAT THE FIRE DEPARTMENT WAS CALLED , AND THEY EXTINGUISHED THE FIRE. THE CONTACT STATED THAT THE VEHICLE WASINOPERABLE ,AND THAT FIRE DEPARTMENT INFORMED HER THAT THE FIRE WAS CAUSED BY FAULTY WIRING. THE CONTACT STATED THAT THE LAST WEEK OF SEPTEMBER 2006 THE VEHICLE WAS LEAKING OIL FROM THE ENGINE. THE CONTACT TOOK THE VEHICLE TO DEALER, AND WAS TOLD THERE WAS A LEAK UNDER THE HOOD. THE CONTACT COULDN'T REMEMBER WHAT THEY SAID WAS LEAKING NOR DID SHE KNOW EXACTLY WHAT CAUSED THE FIRE. THE CONTACT STATED THAT SHE RECEIVED A RECALL 06V001000. *AK

I stated that the fire department said it started from under the hood. I don't know anything about any wires [redacted]

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

~~B~~

I didn't have a wrecker to pull the car home. A friend of mines pull it home for the amount of 75.00 (dollars)

[redacted]

A

FDID	State	Incident Date (MM DD YYYY)	Station	Incident Number	Exposure
57002	MS	10/03/2006		2069465	0

NFIRS - 1 Basic

B Location

Address Type	Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
1 - Street addres			RIVER RIDGE ROAD	Road	

Apt./Suite/Room	City	State	Zip Code
	SUMMIT	MS	39666

Census Tract:

Cross street or directions, as applicable: SANDERSON FARM'S PROCESSING

C Incident Type

131 - Passenger vehicle

D Aid Given or Received

Their FDID	Their State	Their Incident Number

N - None

E1 Dates & Times (Midnight is 0000)

	Month	Day	Year	Hour	Min	Seconds
Alarm	10/03/2006			13:41		
Arrival	10/03/2006			13:41		
Controlled						
Last Unit Cleared	10/03/2006			14:12		

E2 Shifts & Alarms (Local Option)

Shift or platoon	Alarms	District

E3 Special Studies (Local Option)

Special Study ID#	Special Study Value

F Actions Taken

11 - Extinguish
82 - Notify other agencies

G1 Resources

[N] Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	1	2
EMS	0	0
Other	2	2

[N] 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.

Property	$ 4500
Contents	$ 0

PRE-INCIDENT VALUE: Optional

Property	$ 4500
Contents	$ 0

H1 Casualties

	Deaths	Injuries
Fire Service	0	0
Civilian	0	0

H2 Detector

H3 Hazardous Materials Release

I Mixed Use Property

J Property Use: UUU - Undetermined

K1 Person/Entity Involved

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

Number	Prefix	Street or Highway	Street Type	Suffix

Post Office Box	Apt./Suite/Room	City

State	Zip Code	Business name (if applicable)	Area Code	Phone Number
FL			[redacted]	

K2 Owner

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

Number	Prefix	Street or Highway	Street Type	Suffix
[redacted]		[redacted]	[redacted]	

Post Office Box	Apt./Suite/Room	City
		MEADVILLE

State	Zip Code	Business name (if applicable)	Area Code	Phone Number
MS	[redacted]		[redacted]	

NFIRS - 2
Fire

A

FDID	State	Incident Date (MM DD YYYY)	Station	Incident Number	Exposure
57002	MS	10/03/2006		2069465	0

B Property Details

B1 0 — Estimated number of residential living units in building of origin — Y — Not Residential

B2 0 — Number of buildings involved

B3 0 — Acres burned (outside fires)

C On-Site Materials or Products

On-site materials

On-site materials use

D Ignition

D1 83 - Engine area, running ge — Area of fire origin

D2 UU - Undetermined — Heat source

D3 UU - Undetermined — Item first ignited

D4 — Type of material first ignited

Confined to object of origin

E1 Cause of Ignition

0 - Cause, other (conversion and — Cause of ignition

E2 Factors Contributing To Ignition

UU - Undetermined

Factors contributing to ignition

E3 Human Factors Contributing To Ignition

N - None

Estimated age of person involved

Gender of person involved

F1 Equipment Involved In Ignition

Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power

Equipment power source

F3 Equipment Portability

Equipment portability

G Fire Suppression Factors

Fire suppression factors

H1 Mobile Property Involved

3 - Involved in ignitid — Mobile property involved

H2 Mobile Property Type & Make

11 - Passenger car. — Mobile property type

DO - Dodge — Mobile property make

STRATUS — Mobile property model

2000 — Year

[redacted] — License plate number

MS — State

1B3EJ46X5YN[redacted] — VIN number

Local Use

A

FDID	State	Incident Date (MM DD YYYY)	Station	Incident Number	Exposure
57002	MS	10/03/2006		2069465	0

NFIRS Remarks

Remarks

[redacted] ([redacted]S MOTHER'S PHONE# [redacted] WAS DRIVING A 2000 DODGE STRATUS, [redacted] VIN.# 1B3EJ46X5YN[redacted] OWNED BY [redacted]. THE FIRE DEPARTMENT WAS CALLED TO SANDERSON FARM'S RIVER RIDGE ROAD PROCESSING PLANT TO THE PARKING LOT TO EXTINGUISH THE CAR FIRE. PIKE S.O. WAS ALSO CALLED TO THE SCENE, AND CAME.[redacted] HAS MOVED TO FLORIDA PER [redacted].

[redacted]) DENIES HAVING ANY INSURRANCE ON THE VEHCILE AT THE TIME IT BURNED.[redacted] SAID SHE OWED ABOUT $400 ON THE CAR TO PEOPLES BANK IN FRANKLIN COUNTY MS, PHONE 601-384-4888. SHE ALSO SAID THE BOOK VALUE FOR THE CAR WAS $4500, WHICH IS THE VALUE ENTERED ON THIS REPORT FOR THE PROPERTY VALUE AND PROPERTY LOSS VALUE.

THERE WAS EXTREME DAMAGE TO THE ENGINE COMPARTMENT, AS WELL AS, THE FRONT INTERIOR OF THE VEHICLE.

M Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month Day Year
01	MICHAEL BRISTER	CHIEF		10/03/2006

Member making report ID	Signature	Position or rank	Assignment	Month Day Year
01	MICHAEL BRISTER	CHIEF		10/03/2006