



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 100148

Date Received 13-MAR-2007 7:41
Repository
Reference No. 10184943

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City [REDACTED] State TX Zip Code [REDACTED]

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

Do you authorize [REDACTED] to the manufacturer of your vehicle? YES NO
In the absence of [REDACTED] provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 3/27/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GND513S22[REDACTED]
Make CHEVROLET Model TRAILBLAZER Model Year 2002
Date Purchased 12-AUG-06 Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain ALL WHEEL DRIVE
Vehicle Component Code 114200 ELECTRICAL SYSTEM:WIRING:INTERIOR/UNDER DASH
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 08-MAR-2007 Failure Mileage 94000 Failure Speed 60

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) 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 in detail the incident(s), failure(s), crash(es), and injury (ies).)

Crash Yes No Fire Yes No Number of Persons Injured 0 Number of Deaths 0 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).

TL*- THE CONTACT STATED THAT WHILE DRIVING THE 2002 CHEVROLET TRAILBLAZER AT 60 MPH SHE SMELLED AMMONIA AND EVENTUALLY SHE SMELLED SMOKE. THE CONTACT STATED SHE DID NOT SEE SMOKE UNTIL SHE PULLED THE VEHICLE OVER TO THE SIDE OF THE ROAD. THE CONTACT STATED APPROXIMATELY THREE MINUTES AFTER EXITING THE VEHICLE SHE SAW A FIRE UNDERNEATH THE STEERING WHEEL. THE FIRE DEPARTMENT INFORMED THE CONTACT THE CAUSE OF THE FIRE WAS AN ELECTRICAL PROBLEM UNDERNEATH THE STEERING INSIDE THE DASH OARD. THE VEHICLE WAS UNABLE TO BE DRIVEN. THE CONTACT STATED HER INSURANCE COMPANY INSPECTED THE VEHICLE. THE VEHICLE CURRENTLY HAD 94000 MILES. *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 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.

BURLESON FIRE DEPARTMENT
Prepared: 3/26/07, 11:34:16
Program: FI200L

Incident Report

A NP603 TX 3/08/07 STA #1 01-2007-0000563-000 NFIRS - 1
FDID State Incident date Station Incident number Basic

B No NOI USED Street address Yes
Alternative location Census tract Location Emergency

Address

C Passenger vehicle fire
Incident type

D None
Aid given or received

E1 Date Time | E2 D SHIFT 1 DIST.2
Alarm 3/08/07 18:32:38 | Shift Alarms District
Dispatch 3/08/07 18:33:53 |
Enroute 3/08/07 18:41:28 |
Arrival 3/08/07 18:41:28 |
Controlled 0/00/00 0:00:00 |
Last unit cleared 3/08/07 19:20:33 |

F Extinguishment by fire service personnel
Primary action taken (1)

G1 Yes Apparatus Personnel No | G2 Losses Value
Apparatus/ Suppression 3 4 Resource counts | Property 5000 5000
personnel EMS 0 0 include aid | Contents 1 1
form used other 0 0 received resources |

H1 Injuries Deaths | H3 None
Fire service 0 0 | Hazardous materials release
Civilian fire 0 0 |

I Not mixed use | J Highway or divided highway
Mixed use property | Property use

Name Reporting party
Involvedant type Phone number
IX, *ERROR 0/00/0000 *ERROR*
Address Gender Age Birth date Race

M AO ACTLT 3/08/07
Officer in charge Position or rank Assignment Date

=====

A	NP603 TX	3/08/07	STA #1	01-2007-0000563-000	MFIRS - 2
	FDID State	Incident date	Station	Incident number	Fire

=====

E1 Not residential	C None	None
Estimated number of residential units	On-site material 1	Material 1 storage use

=====

B2 Buildings not involved
Number of buildings involved

=====

B3 None
Acres burned (outside fires)

=====

D1 Operator/passenger area of transportation equip.	E1 Failure of equipment or heat source
Area of fire origin	Cause of ignition

=====

D2 Undetermined	E2 None
Heat source	Factor 1 contributing to ignition

=====

D3 Undetermined	E3 None
Item first ignited	Human factors contributing to ignition
No	
Spread confined to object of origin	

=====

D4 Undetermined	
Type of material first ignited	

=====

F1 None	F2
Equipment involved in ignition	Equipment power
Brand	F3
Model	Equipment portability
Serial number	
0000	
Equipment year	

=====

G None
Fire suppression factor 1

=====

H1 Involved in ignition and burned	H2 Automobile, passenger car, ambulance, race car
Mobile property involved	Mobile property type
	Chevrolet
	Mobile property make
	TRAIL BLAZER
	Mobile property model
	2001 TX 1GND8138222
	Year License plate State VIN

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BURLINSON FIRE DEPARTMENT
 Prepared: 3/26/07. 11:34:16
 Program: FI200L

Incident Report

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A NP603 TX          3/08/07      STA #1          01-2007-0000563-000          NFIRS - 9/10
  FDID State      Incident date Station          Incident number          Apparatus/Personnel
=====
  
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B Apparatus Type          Personnel Use      Action taken          Emergency
(X) B171  Brush truck          0      Suppression          Yes
  Dispatched          3/08/07 18:57:19
  Enroute            3/08/07 18:57:19
  At Scene           3/08/07 18:57:19
  In Service         3/08/07 18:57:28
=====
  
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B Apparatus Type          Personnel Use      Action taken          Emergency
B271  Brush truck          1      Suppression          Yes
  Dispatched          3/08/07 18:33:53
  Enroute            3/08/07 18:41:28
  At Scene           3/08/07 18:41:28
  In Service         3/08/07 19:20:33
=====
  
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Employee          Assignment          Position          Action taken
[REDACTED]          LT                  LT
=====
  
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B Apparatus Type          Personnel Use      Action taken          Emergency
(X) L171  Quint          3      Suppression          Yes
  Dispatched          3/08/07 18:57:19
  Enroute            3/08/07 18:57:19
  At Scene           3/08/07 18:57:19
  In Service         3/08/07 18:57:26
=====
  
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Employee          Assignment          Position          Action taken
[REDACTED]          ACTLT              AO
[REDACTED]          ACTA/O             FF
[REDACTED]          FF                 FF
=====
  
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B Apparatus Type          Personnel Use      Action taken          Emergency
(X) VOL1  *ERROR*          0
  Dispatched          3/08/07 18:38:52
  In Service         3/08/07 19:20:33
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BURLESON FIRE DEPARTMENT

Incident Report

Page 4

Prepared: 3/26/07, 11:34:16

Program: FI200L

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A NP603 TX      3/08/07   STA #1      01-2007-0000563-000
  FDID State   Incident date Station      Incident number      Additional information
=====
COMMON NAME . . . . . : TXDOT S/B REST AREA
DAY OF WEEK . . . . . : 005 THURSDAY
JURISDICTION . . . . . : 1 CITY OF BURLESON
COUNTY . . . . . : 001 JOHNSON
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BURLESON FIRE DEPARTMENT
Prepared: 3/26/07, 11:34:16
Program: FI200L

Incident Report

A NPG03 TX 3/08/07 STA #1 01-2007-0000563-000
FDID State Incident date Station Incident number Narratives

B Narrative type: Incident

Narrative title Entry date Entered by employee
Dispatch Comments 3/08/07
070000563
Vehicle fire blk trailblazer

Narrative title Entry date Entered by employee
Dispatch Comments 3/08/07

(18:40:50 on 03/08/07) fully involved van fire 18 wheelers carrying hazardous materials

Narrative title Entry date Entered by employee
Dispatch Comments 3/08/07 [REDACTED]
Fully involved car fire, no injuries











