



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

2007 MAY 21 PM 2:28
27-MAR-2007

Repository

Reference No.
10186267

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City MEDFORD LAKE State NJ Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

Do you authorize NHTSA to report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, do NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 4/17/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: ID4HB58D24F [REDACTED]
Make DODGE Model DURANGO Model Year 2004

Date Purchased 26-FEB-05 Dealer's Name and Telephone Number CHERRY HILL DODGE Engine: No. Cylinders 8 Fuel Type: Gas

Original Owner Dealer's City CHERRY HILL State NJ Zip Code [REDACTED]

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 11700 DIGITAL INSTRUMENT PANEL Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 23-MAR-2007 Failure Mileage 38000 Failure Speed 0

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

(Use only if applicable to this report: Crash(es), Fire, and Injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured 0 Number of Deaths 0 Reported to Police Yes - Medford Lakes Police Dept.

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 THE 2004 DODGE DURANGO WITH 38000 FAILURE MILEAGE CAUGHT ON FIRE WHILE PARKED IN THE DRIVEWAY. THE CONTACT THOUGHT THAT THERE WAS A SHORT IN THE ELECTRICAL SYSTEM. THERE WAS RECALL D7V092000 THAT WAS ESTABLISHED ON MARCH 2, 2006. THE VEHICLE WILL BE TOWED TODAY. *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.



Medford Lakes Fire Department

10 Stokes Rd., Medford Lakes, NJ 08055

tel. (609) 654-8156 fax. (609) 654-8288

www.mlfd371.org

COPY

INTEROFFICE MEMO

OWNER:

[REDACTED]

ADDRESS:

[REDACTED]

Medford Lakes, NJ [REDACTED]

PHONE:

[REDACTED]

PROPERTY:

2004 Dodge Durango

[REDACTED]

(VIN) 1D4HB58D14F [REDACTED]

INSURANCE:

American International Insurance Company

[REDACTED]

(Period) 2/25/07 to 8/25/07

NARRATIVE:

Owner last in vehicle at approx. 12:45pm dropping off kids
Owner was unaware of vehicle fire until fire department arrival

INVESTIGATION: Appears to have an ignition source, electrical in nature, location
under dashboard.

Possible cause related to recent recall notice. (see attached)

B: Location

Medford Lakes, NJ

COPY

NFIRS - 1 Basic

WILDLAND FIRE?

C: Incident Type*

130 Mobile property (vehicle) fire, other

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	03/22/2007	1421
<input checked="" type="checkbox"/> Arrival*	03/22/2007	1424
<input checked="" type="checkbox"/> Controlled	03/22/2007	1430
<input checked="" type="checkbox"/> Last unit cleared	03/22/2007	1451

E2: Shift & Alarms

Shift
 Alarms
 District

D: Aid Given or Received* None

N None

E3: Special studies

#	ID	Code
1	B	3cr4

For Local Use

County Run

Method of Alarm to the FD

F: Actions Taken*

(all incident types)

- | | | |
|----|----|--|
| 1. | 11 | Extinguishment by fire service personnel |
| 2. | 12 | Salvage & overhaul |
| 3. | 66 | Investigate |

Q1: Resources*

Apparatus or Personnel forms used
 OR --> Apparatus Personnel

Suppression	1	3
EMS	0	0
Other	2	2

aid received included

G2: Estimated \$ Loss & Value

LOSSES:

Property	30000	<input type="checkbox"/> none
Contents	500	<input type="checkbox"/> none

PRE-INCIDENT VALUE:

Property		<input type="checkbox"/> none
Contents		<input type="checkbox"/> none

H1: Casualties

Deaths Injuries

Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including:		
EMS patients:	0	0
but NOT including:		
HazMat Civ. cas.:	0	0

None

Deaths Injuries

including Civilian FIRE 0 0

Fields in *italics* are used to determine form counts:
 Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
 EMS -> NFIRS6, HazMat -> HazMat total casualties.
 Only Fire Service and Total Civilian are on NFIRS.

Modules

- 2-Fire
- 3-Structure
- 4-Civilian Fire Casualty
- 5-Fire Service Casualty
- 6-EMS
- 7-HazMat
- 8-Wildland Fire
- 9-Apparatus
- 11-Arson

H2: Detector Alarmed Occupants?

Yes No Unknown

H3: Hazardous Material Releases

I: Mixed use Property

None

J: Property Use

962 Residential street, road or residential driveway

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name
1					Lanape
K2:					Lanape

M: Authorization

Officer in charge ID	Name: (first, mi, last)	Position or rank	Assignment	Date*
20	Mark McInloch	Chief	OIC	03/22/2007

Check box if same as Officer in charge

Member making report	Name: (first, mi, last)	Position or rank	Assignment	Date*
20	Mark McInloch	Chief	Reporting	03/22/2007

Medford Lakes Fire Department • 10 Stokes Rd • Medford Lakes, NJ 08055
 FID State Date Time Incident Exp Station
 03371 NJ 03/22/2007 14:21 0000079 000 371

NFIRS
 Printed: 03/24/2007 20:53

Medford Lakes Fire Department • 10 Stokes Rd • Medford Lakes, NJ 08055
FDID NJ 03/22/2007 14:21 Incident Exp Station
03371 NJ 03/22/2007 14:21 0000079 000 371

B: Property Details

B1: Estimated number of residential living units in building of origin.
(whether or not all units became involved)
 Not residential on

B2: Number of buildings involved (totals for incident in 000 exposure)
 None OR

B3: Acres burned (outside fires)
 None OR
 Less than 1 acre

C: On-Site Materials or Products
Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, (whether or not they became involved)

On-site materials: None Material Storage Use

1.			
2.			
3.			

D: Ignition

D1: Area of fire origin* 81 Operator/passenger area of transportation equip.

D2: Heat source* 13 Electrical arcing

D3: Item first ignited* 81 Electrical wire, cable insulation
 Fire spread was confined to object of origin

D4: Type of material first ignited

E1: Cause of Ignition 3 Failure of equipment or heat source

E2: Factors Contributing To Ignition* None on

1.	<input type="checkbox"/> 44 Manufacturing deficiency
2.	

E3: Human Factors Contributing to Ignition* (check all that apply) None

1	<input type="checkbox"/> Asleep
2	<input type="checkbox"/> Possibly impaired by alcohol or drugs
3	<input type="checkbox"/> Unattended or unsupervised person
4	<input type="checkbox"/> Possibly mentally disabled
5	<input type="checkbox"/> Physically disabled
6	<input type="checkbox"/> Multiple persons involved
7	<input type="checkbox"/> Age was a factor

(if age a factor)
Est. age of person involved
 Male Female

F: Equipment Involved in Ignition None

Brand: Year:

Model:

Serial #:

F2: Equipment Power Source

F3: Equipment Portability Portable Stationary

G: Fire Suppression Factors None

1.	
2.	
3.	

Requires Module: 11-Arcan

H: Mobile Property Involved None

3 Involved in ignition and burned

Mobile property type: 11 Automobile, passenger ca.

Model: Durango

Mobile property make: DG Dodge

License Plate #: State: NJ

VIN#: 1D4BB58D14E

Year: 2004

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L: Remark

Subject Dispatched As

Veh1 On Fire
C3700 REPORTS WORKING VEHICLE FIRE
E3712 IN SERVICE 1 3/4INCH
C3700 REPORTS FIRE UNDER CONTROL
E3712 HOLD FOR INVESTIGATION/OVERHAUL
MLPD SECURED DIGITAL PICTURES (ATTACHED)
C3700 REPORTS ALL UNITS AVAILABLE

COPY

NFIRS
Remark

Seq #: 001

Medford Lakes Fire Department • 10 Stokes Rd • Medford Lakes, NJ 08055
FDID 03371
State NJ
Date 03/22/2007
Time 14:21
Incident 0000079
Exp Station 000 371

NFIRS
Printed: 03/24/2007 20:54