



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

207 JUN -6 PM 7:12
12-APR-2007

Repository

Reference No.
10187657

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City DAYTONA State FL Zip Code 32738

Daytime Telephone Number [Redacted]

E-mail Address [Redacted]

Evening Telephone Number [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 [Signature] Date 4-19-07 Report 1-07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2MELM74V [Redacted] Make MERCURY Model GRAND MARQUIS Model Year 1993

Date Purchased Gift Dealer's Name and Telephone Number Promotree 65000 [Redacted] Engine: [Redacted] Fuel Type: Gas
Original Owner Dealer's City [Redacted] State [Redacted] Zip Code [Redacted]

Transmission Type MANUAL Antilock Brakes Powertrain: REAR WHEEL DRIVE Vehicle Component Code: 185000 VEHICLE SPEED CONTROL; CRUISE CONTROL
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 20-JAN-2007 Failure Mileage 65000 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 P215/55R15) [Redacted]
DOT No. (Example: DOTMALSABC036) [Redacted] 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

(Always complete in detail the Incident(s), Fatality, Crash(es), and Injury(es).)

Crash Yes No Fire Yes No Number of Persons Injured 0 Number of Deaths 0 Reported to Police Y

Narrative Description of Incident(s), Crash(es), and Injury(es).
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'S SON OWNS A 1993 MERCURY GRAND MARQUIS. THE CURRENT AND FAILURE MILEAGE WERE 65,000. THE CONTACT WAS INSIDE HER HOME WHEN SHE HEARD A BOOM, AND SHE WENT OUTSIDE SAW THE VEHICLE IN FLAMES. THE VEHICLE HAD BEEN PARKED FOR A DAY AND A HALF. WEATHER WAS CLEAR AND SUNNY. THE FIRE DEPARTMENT CAME TO THE SCENE AND MADE A REPORT, AND DETERMINED THAT IT WAS CRUISE CONTROL SWITCH THAT CAUSED THE FIRE. THE FIRE MARSHAL INFORMED HER THAT THE VEHICLE WAS UNDER RECALL -CAMPAIGN ID 99V124000. *AK

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

The Privacy Act of 1974-Public Law 93-502 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Car had been PARK with
WORK MERCHANDISE in it
WAS READY TO leave in Approx 2min
Thank God this did NOT happen
OR we would have much more
disasterist

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADMIN
400 7TH ST SW
WASHINGTON DC 20590
OFFICIAL BUSINESS



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



Think your vehicle
has a safety defect?



If so!

Use the enclosed
form to file a report.

or visit

WWW.SAFERCAR.GOV

or call:

Vehicle Safety Hotline

888-327-4236

www.safercar.gov

NHTSA

Office of Defects Investigation (ODI)
U.S. Department of Transportation
National Highway Traffic Safety Administration



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

Dear Consumer:

NVS-216cg

As a result of your report to the Vehicle Safety Hotline (VSH), we have recorded that report on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the drivers door jam. It may also be listed on the dealer's repair invoices. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Cynthia Glass, Acting Chief
Correspondence Research division
Office of Defects Investigation
Enforcement

Enclosure: VOQ



www.nhtsa.gov
nhtsa
people saving people.

VEHICLE SAFETY HOTLINE
888-327-4236

B Location*
 Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section 3 "Alternative Location Specification". Use only for Wildland fires.
 Street address
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions
 DELTONA FL
 Cross street or directions, as applicable

C Incident Type*
 131 Passenger vehicle fire
 Incident Type

E1 Date & Times
 Midnight is 0000
 Check boxes if dates are the same as Alarm Date. Alarms always required.
 Alarm # 01 20 2007 06:40:13
 Arrival # 01 20 2007 06:45:49
 Controlled 01 20 2007 06:52:46
 Last Unit 01 20 2007 07:57:39
 Cleared

E2 Shift & Alarms
 Local Option
 B 02 087
 Shift or Alarms District Platoon

D Aid Given or Received*
 1 Mutual aid received
 2 Automatic aid recov.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None
 Their WVID Their State
 Their Incident Number

E3 Special Studies
 Local Option
 Special Study ID# Special Study Value

F Actions Taken*
 11 Extinguishment by fire
 Primary Action Taken (1)
 12 Salvage & overhaul
 Additional Action Taken (2)
 961 FIM Investigation
 Additional Action Taken (3)

G1 Resources*
 Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus Personnel
 Suppression 0004 0007
 EMS
 Other 0001 0002
 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. None
 Property \$ 007,000
 Contents \$ 000,500
 PRE-INCIDENT VALUE: Optional
 Property \$ 007,000
 Contents \$ 002,000

Completed Modules
 Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMB-5
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1 Casualties
 None
 Deaths Injuries
 Fire Service
 Civilian
 H2 Detector
 Required for Confined Fires.
 1 Detector alerted occupants
 2 Detector did not alert alarm
 Unknown

H3 Hazardous Materials Release
 None
 1 Natural Gas: slow leak, no evacuation or HazMat actions
 2 Propane Gas: on tank (as in home gas grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/Fuel oil: vehicle fuel tank or portable
 6 Household solvents: home/office spill, cleaning only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling < 50 gallons
 0 Other: Special Hazmat actions required or spill > 5 gal...
 Please complete the Hazmat form

I Mixed Use Property
 NN Not Mixed
 10 Assembly use
 20 Education use
 30 Medical use
 40 Residential use
 50 Row of stores
 53 Enclosed mall
 58 Bus. & Residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use* Structures
 131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school or kindergarten
 215 High school or junior high
 241 College, adult education
 311 Care facility for the aged
 331 Hospital
 Outside
 124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field
 341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juveniles
 419 1-or 2-family dwelling
 429 Multi-family dwelling
 439 Rooming/boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales
 936 Vacant lot
 938 Graded/cars for plot of land
 946 Lake, river, stream
 951 Railroad right of way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway
 539 Household goods, sales, repairs
 579 Motor vehicle/boat sales/repair
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 629 Laboratory/science lab
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse
 981 Construction site
 984 Industrial plant yard
 Looking and enter a Property Use code only if you have NOT checked a Property Use box.
 Property Use 419
 1 or 2 family dwelling
 NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved

Local Option: _____ Business name (if applicable): _____ Area Code: _____ 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: _____

More people involved? Check this box and attach Supplemental Forms (NFIRS-18) as necessary

K2 Owner Same as person involved? Then check this box and skip the rest of this section.

Local Option: _____ Business name (if applicable): _____ Area Code: _____ 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: **DELTONA**

State: **FL** Zip Code: _____

L Remarks

Local Option: _____

01/22/2007 08:29:26 AM pcardini

On 01/20/2007 at 06:40:13 dispatched to _____/DELTONA, FL _____ The location is a 1 or 2 family dwelling. The incident was determined to be a Passenger vehicle fire.

06:45:49 arrived on scene.

The following involvements were noted:

Name/Business Name	Involvement Type
_____	Property Owner

The following actions were performed on scene:

- Extinguishment by fire service personnel
- Salvage & overhaul
- FLM Investigation

Units responding were:

- Unit BA61 responded.
- Unit E63 responded.
- Unit E64 responded.
- Unit FM60 responded.
- Unit FM62 responded.

L Authorization

044 Officer in charge ID	CARDINI, PAUL C Signature	LT Position or rank	E63 Assignment	01 Month	20 Day	2007 Year
<input type="checkbox"/> 014 Officer/Member making report ID in charge	PARKER, MICHAEL Signature	LT Position or rank	FM62 Assignment	01 Month	20 Day	2007 Year

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08021
FOID *

FL
State *

MM DD YYYY
1 20 2007
Incident Date *

63
Station

07-0000416
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

01/22/2007 08:29:26 AM pcardini

On 01/20/2007 at 06:40:13 dispatched To [REDACTED] /DELTONA, FL [REDACTED]. The location is a 1 or 2 family dwelling. The incident was determined to be a Passenger vehicle fire.

06:45:49 arrived on scene.

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- Unit BA61 responded.
- Unit E63 responded.
- Unit E64 responded.
- Unit FM60 responded.
- Unit FM62 responded.

07:57:39 all units back in service.

01/22/2007 08:36:54 AM pcardini

E-63 DISPATCHED FOR A CAR FIRE SECOND CALL REPORTED CAR WAS 6 FT FROM THE STRUCTURE AND BAT. 61 AND E-64 WERE ADDED TO THE ALARM. UPON ARRIVAL OF E-63 THEY REPORTED A FULLY INVOLVED CAR FIRE . COMMAND WAS NOT ESTABLISHED AT THAT TIME BUT INCOMING UNITS WERE GIVING INSTRUCTIONS. AN 1 3/4 P.C LINE WAS PULLED AND ABOUT 300 GALS OF WATER WAS USED TO EXT. THE FIRE. THERE WAS NO STRUCTURAL DAMAGE AND THE 1993 MERCURY WAS A TOTAL LOSS. THE OWNER STATED HE WAS SLEEPING AND THE KIDS WOKE HIM UP YELLING THE CAR WAS ON FIRE HE CALLED 911 AND TRIED TO PUT THE FIRE OUT USING A GARDEN HOSE BUT FAILED. SCENE TOT FM-60 AND FM-62 FOR INVESTIGATION.

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B Property Details

B1 0001 Not Residential
 Estimated Number of residential living units in building of origin whether or not all units became involved

B2 Buildings not involved
 Number of buildings involved

B3 None
 Acres burned (outside fires) Less than one acre

C On-Site Materials or Products None
 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

Enter up to three codes. Check one or more boxes for each code entered.

On-site material (1)

On-site material (2)

On-site material (3)

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service
 1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service
 1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

D Ignition

D1 B3 Engine area, running
 Area of fire origin *

D2 13 Electrical arcing
 Heat source *

D3 UU Undetermined
 Item first ignited * 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 070

E1 Cause of Ignition

Check box if this is an exposure report. Skip to section G

1 Intentional
 2 Unintentional
 3 Failure of equipment or heat source
 4 Act of nature
 5 Cause under investigation
 U Cause undetermined after investigation

E2 Factors Contributing To Ignition

20 Mechanical None
 Factor Contributing To Ignition (1)

 None
 Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 Asleep None
 2 Possibly impaired by alcohol or drugs
 3 Unattended person
 4 Possibly mental 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

1 Portable
 2 Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes. None

None None
 Fire suppression factor (1)

 Fire suppression factor (2)

 Fire suppression factor (3)

H1 Mobile Property Involved

None

1 Not involved in ignition, but burned
 2 Involved in ignition, but did not burn
 3 Involved in ignition and burned

H2 Mobile Property Type & Make

11 Automobile, passenger
 Mobile property type

MC Mercury
 Mobile property make

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

Mercury Grand Marquis
 Mobile property model

 1993
 Year

 FL 2MELM74W4P2
 State VIN Number

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B Apparatus or * Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
	<small>Check if same as alarm date</small>									
	Month	Day	Year	Hour	Min			<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
1 ID <u>BA61</u> Type <u>91</u>	<input checked="" type="checkbox"/>	<u>1</u>	<u>20</u>	<u>2007</u>	<u>06:40</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<u>1</u>	<u>20</u>	<u>2007</u>	<u>06:51</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<u>1</u>	<u>20</u>	<u>2007</u>	<u>06:53</u>				<input type="checkbox"/>	<input type="checkbox"/>
2 ID <u>B63</u> Type <u>11</u>	<input checked="" type="checkbox"/>	<u>1</u>	<u>20</u>	<u>2007</u>	<u>06:40</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<u>1</u>	<u>20</u>	<u>2007</u>	<u>06:45</u>				<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<u>1</u>	<u>20</u>	<u>2007</u>	<u>07:28</u>				<input type="checkbox"/>	<input type="checkbox"/>
3 ID <u>B64</u> Type <u>11</u>	<input checked="" type="checkbox"/>	<u>1</u>	<u>20</u>	<u>2007</u>	<u>06:40</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<u>1</u>	<u>20</u>	<u>2007</u>	<u>06:51</u>				<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<u>1</u>	<u>20</u>	<u>2007</u>	<u>06:52</u>				<input type="checkbox"/>	<input type="checkbox"/>
4 ID <u>FM60</u> Type <u>921</u>	<input checked="" type="checkbox"/>	<u>1</u>	<u>20</u>	<u>2007</u>	<u>07:06</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>B61</u>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<u>1</u>	<u>20</u>	<u>2007</u>	<u>07:06</u>				<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<u>1</u>	<u>20</u>	<u>2007</u>	<u>07:57</u>				<input type="checkbox"/>	<input type="checkbox"/>
5 ID <u>FM62</u> Type <u>921</u>	<input checked="" type="checkbox"/>	<u>1</u>	<u>20</u>	<u>2007</u>	<u>06:53</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u>B61</u>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<u>1</u>	<u>20</u>	<u>2007</u>	<u>07:11</u>				<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<u>1</u>	<u>20</u>	<u>2007</u>	<u>07:57</u>				<input type="checkbox"/>	<input type="checkbox"/>
6 ID <u> </u> Type <u> </u>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
7 ID <u> </u> Type <u> </u>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
8 ID <u> </u> Type <u> </u>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
9 ID <u> </u> Type <u> </u>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

Type of Apparatus or Resources

- | | | |
|---|---|--|
| <p>Ground Fire Suppression</p> <ul style="list-style-type: none"> 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 15 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other <p>Heavy Ground Equipment</p> <ul style="list-style-type: none"> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other <p>Aircraft</p> <ul style="list-style-type: none"> 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other | <p>Marine Equipment</p> <ul style="list-style-type: none"> 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other <p>Support Equipment</p> <ul style="list-style-type: none"> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other <p>Medical & Rescue</p> <ul style="list-style-type: none"> 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 HLS unit 76 ALS unit 70 Medical and rescue unit, other | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>More Apparatus?
Use Additional
Sheets</p> </div> <p>Other</p> <ul style="list-style-type: none"> 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicles 00 Other apparatus/resource NN None UU Undetermined |
|---|---|--|

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B Agency Referred To None

Street Address _____ Their Case Number _____

Agency Name _____ City _____ Their ORI _____

Agency Phone Number _____ State _____ Zip Code _____ Their Federal Identifier (FID) _____ Their EOLD _____

C Case Status

1 Investigation open
 2 Investigation closed
 3 Investigation inactive

4 Closed with arrest
 5 Closed with exceptional clearance

D Availability of Material First Ignited

1 Transport to scene
 2 Available at scene
 U Unknown

E Suspected Motivation Factors Check up to three factors

11 <input type="checkbox"/> Extortion	22 <input type="checkbox"/> Hate crime	42 <input type="checkbox"/> Vanity/recognition	54 <input type="checkbox"/> Burglary
12 <input type="checkbox"/> Labor unrest	23 <input type="checkbox"/> Institutional	43 <input type="checkbox"/> Thrills	61 <input type="checkbox"/> Homicide concealment
13 <input type="checkbox"/> Insurance fraud	24 <input type="checkbox"/> Societal	44 <input type="checkbox"/> Attention/sympathy	62 <input type="checkbox"/> Burglary concealment
14 <input type="checkbox"/> Intimidation	31 <input type="checkbox"/> Protest	45 <input type="checkbox"/> Sexual excitement	63 <input type="checkbox"/> Auto theft concealment
15 <input type="checkbox"/> Void contract/lease	32 <input type="checkbox"/> Civil unrest	51 <input type="checkbox"/> Homicide	64 <input type="checkbox"/> Destroy records/evidence
21 <input type="checkbox"/> Personal	41 <input type="checkbox"/> Fireplay/curiosity	52 <input type="checkbox"/> Suicide	00 <input type="checkbox"/> Other motivation
		53 <input type="checkbox"/> Domestic violence	UU <input checked="" type="checkbox"/> Unknown motivation

F Apparent Group Involvement Check up to three factors

1 Terrorist group
 2 Gang
 3 Anti-government group
 4 Outlaw motorcycle organization
 5 Organized crime
 6 Racial/ethnic hate group
 7 Religious hate group
 8 Sexual preference hate group
 0 Other group
 N No Group involvement, acted alone
 U Unknown

H Incendiary Devices Select one from each category

CONTAINER NN None

11 Bottle (Glass) 14 Pressurized Container 17 Box
 12 Bottle (Plastic) 15 Can 00 Other Container
 13 Jug 16 Gasoline or fuel can UU Unknown

IGNITION/DELAY DEVICE NN None

11 Wick or Fuse 17 Road Flare/fuse
 12 Candle 18 Chemical Component
 13 Cigarette & Matchbook 19 Trailer/Streamer
 14 Electronic Component 20 Open flame source
 15 Mechanical Device 00 Other delay device
 16 Remote Control UU Unknown

G1 Entry Method

001 None

Entry Method

FUEL NN None

11 Ordinary Combustibles 16 Pyrotechnic material
 12 Flammable gas 17 Explosive material
 14 Ignitable liquid 00 Other material
 15 Ignitable solid UU Unknown

G2 Extent of Fire Involvement on Arrival

5 Fully involved

Extent of Fire Involvement

I Other Investigative Information Check all that apply

1 Code violations
 2 Structure for sale
 3 Structure vacant
 4 Other crimes involved
 5 Illicit drug activity
 6 Change in insurance
 7 Financial problem
 8 Criminal/Civil actions pending

J Property Ownership

1 Private
 2 City, town, village, local
 3 County or parish
 4 State or province
 5 Federal
 6 Foreign
 7 Military
 0 Other

K Initial Observations Check all that apply

1 Windows ajar 5 Fire department forced entry
 2 Doors ajar 6 Forced entry prior to FD arrival
 3 Doors locked 7 Security system activated
 4 Doors unlocked 8 Security present, (didn't activate)

L Laboratory Used Check all that apply

1 Local 3 ATF 5 Other 6 Private
 2 State 4 FBI Federal NN None

NFIRS-11 Revision 11/17/98

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08021

FL

MM

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1

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2007

63

07-0000416

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Investigation
Narrative

BDID *

State *

Incident Date *

Station

Incident Number *

Exposure *

Narrative:

01/20/2007 09:04:57 AM mparker

Responded at request of E63 for a vehicle fire in the driveway of the residence. Upon arrival, this writer was briefed by Lt Cardini, who advised the fire was found by the residents. He also advised the VIN of the vehicle was checked by VC50 at scene and found valid.

This writer met with Chief Nabicht and began investigation. Photographs of the scene including the vehicle and contents were taken for documentation. Further investigation finds burn patterns indicating fire started under the hood (engine compartment) and moved into the passenger compartment of the vehicle. Description of the fire by [REDACTED] finds the fire on the driver's side of the engine compartment at time of discovery. He also advised the vehicle had not been driven since Thursday 1/18/07.

It is conclusion of this writer, that this was an accidental fire unable to rule out a mechanical or part failure on the vehicle.

02/02/2007 11:22:43 AM cnabicht

This writer arrived on scene and met with fire units. Visual examination of the fire scene showed burn patterns on the driver side under the hood in the engine compartment in the area of the brakes master cylinder.

Area of origin of the fire is consistent of a fire caused by a brake pressure switch. Scene was photographed and no further action was taken in order to preserve the scene for an future insurance investigation.

7 of 8

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 [] Delete
 [Insurance and \$Loss]
FDID * State * Incident Date * Station Incident Number * Exposure * Change

B Estimated Dollar Loss & Value

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
Buildings	\$7,000.00	\$7,000.00	\$0.00	\$0.00
Vehicles	\$0.00	\$0.00	\$0.00	\$0.00
Contents	\$2,000.00	\$500.00	\$0.00	\$0.00

C₁ Insurance Company

[Progressive] []
Business name if applicable Contact Name
 [P. O. Box 31260]
Street or highway
 [] [TAMPA]
Post office box City
 [FL] [33631] - [] [800] - [888] - [7764]
State Zip Code Phone Number
 []
Agent Name
 [] [] [X] []
Policy Number Policy Coverage

80f8









