



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

2008 AUG 12 PM 5:08

FOR AGENCY USE ONLY 100148

Date Received

31-AUG-2007

Repository

Reference No.  
10201586

**OWNER INFORMATION (Type or Print)**

Name

Address

City HOUSE SPRINGS

State MO

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 a copy of this report to the manufacturer.

Signature of Owner \_\_\_\_\_ Date 10/2/07

**VEHICLE INFORMATION**

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

1FDEE14H4PH

Make

FORD

Model

ECONOLINE

Model Year

1993

Date Purchased  
01-JUN-06

Dealer's Name and Telephone Number

Engine:

No: Cylinders 8

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type  
AUTOMATIC

Antilock Brakes  
 Cruise Control

Powertrain  
REAR WHEEL DRIVE

Vehicle Component Code  
182000 VEHICLE SPEED CONTROL:LINKAGES

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)  
01-FEB-2007

Failure Mileage  
80000

Failure Speed  
10

**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: DOTM19ABC036)

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 0 Number of Deaths 0 Reported to Police Y

**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 OWNS A 1993 FORD ECONOLINE. WHILE DRIVING UPHILL AT 10 MPH, THE CONTACT NOTICED SMOKE RISING FROM THE HOOD. NHTSA RECALL NUMBER 94V128000 (INTERIOR LIGHTING) WAS REFERENCED. THE VEHICLE ERUPTED INTO FLAMES AND MELTED THE SIDING OF A HOUSE. THE FIRE DEPARTMENT EXTINGUISHED THE FLAMES AND A POLICE REPORT WAS FILED. THE CONTACT HAS NOT SPOKEN TO THE DEALER. THERE WAS NO CURRENT MILEAGE BECAUSE THE VEHICLE WAS DESTROYED. THE FAILURE MILEAGE WAS 80,000.

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.

3-26-08

To whom it may concern. I was on my home from work about 2:00 am. It was very cold, icy + snowing. I was going up hill about 10 miles an hour. My van caught fire it was coming through the dash, the vents, the housing and the steering wheel. I put it in park and jumped out and fell. I couldn't get away fast enough I went to a house to get help. The fire department came and finally put the fire out. The fire was so hot it melted the siding of a house. The van looked like a skeleton, there was just the frame left sitting in the road. My insurance paid for the house, but not the van or my stuff in it. About a week or so before this happened, the cruise control quit working, the lighter quit. We thought it was the fuse, so we changed the fuse. This did not help, we still had problems with the cruise control and lighter home

HIGH RIDGE FIRE PROTECTION DISTRICT

2842 HIGH RIDGE BLVD HIGH RIDGE, MO. 63049

636-677-3371

REQUEST FOR COPY OF FIRE REPORT

ORT

PERSON REQUESTING:

ADDRESS:

PHONE NO:

DATE OF INCIDENT: 02/01/2007

PERSONS INVOLVED:

ADDRESS OF INCIDENT:

TYPE OF INCIDENT: VEHICLE FIRE

REASON FOR REQUEST: FIRE REPORT

ESTIMATED TOTAL DOLLAR LOSS:

ESTIMATED VALUE:

REQUEST FOR COPY OF FIRE REPORT: APPROVED ( ) DENIED ( )

REASON DENIAL:

COST OF COPY: \$5.00

DATE SENT OUT:

*Deputy Chief Tom [Signature]*  
FIRE OFFICIAL

PERSON REQUESTING REPORT

**Person/Entity Involved**

**Business name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Ms** \_\_\_\_\_ **Mr., Ms., Mrs.** \_\_\_\_\_ **First Name** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Suffix** \_\_\_\_\_

**Number** \_\_\_\_\_ **Prefix** \_\_\_\_\_ **Street or Highway** *moved to* \_\_\_\_\_ **Street Type** \_\_\_\_\_ **Suffix** \_\_\_\_\_

**Post Office Box** \_\_\_\_\_ **Apt./Suite/Room** \_\_\_\_\_ **House Springs** \_\_\_\_\_ **City** \_\_\_\_\_

**MO** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Owner**

**Business name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**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** \_\_\_\_\_

**Authorization**

**Officer in charge:** 64021 **Signature:** *Deputy Chief Tom Jaki*  
**Assignment** 2/1/2007 **Date** Deputy Chief Thomas Lakin

**Member making report:** 64015 **Signature:** \_\_\_\_\_  
**Assignment** 2/1/2007 **Date** Captain Daniel Brown



**Property Details**

0 Est. number of residential units       Not Residential      0.000 Acres burned       None  
 Less than one acre

0 Number of buildings involved       Buildings not involved

**On-Site Materials or Products**       None

On-site material (1)	Storage use (1)
On-site material (2)	Storage use (2)
On-site material (3)	Storage use (3)

<p><b>Ignition</b></p> <p>83 Engine area, running gear, wheel area  <b>Area of origin</b>          12 Radiated, conducted heat from operating equipment  <b>Heat Source</b>          UU Undetermined  <b>Item first ignited</b>      <input type="checkbox"/> Confined to object of origin          UU Undetermined  <b>Type of material first ignited</b></p>	<p><b>Cause Of Ignition</b></p> <p><input type="checkbox"/> Exposure Report          0 Fire cause, other  <b>Cause</b></p> <hr/> <p><b>Factors Contributing To Ignition</b></p> <p><input checked="" type="checkbox"/> None          NN None  <b>Factor contributing to ignition (1)</b>   <b>Factor contributing to ignition (2)</b></p>
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**Human Factors Contributing To Ignition**

None       Age was a factor

<input type="checkbox"/> Asleep <input type="checkbox"/> Possibly impaired by alcohol or drugs <input type="checkbox"/> Unattended person <input type="checkbox"/> Possibly mentally disabled <input type="checkbox"/> Physically disabled <input type="checkbox"/> Multiple persons involved	<b>Estimated age of person involved</b>  <b>Sex of person involved</b>
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05014 FDID	MO State	2/1/2007 Incident Date	3 Station	219 Incident Number	0 Exposure	NFIRS - 1 Basic
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Location  Address is on the Wildland Fire Module

Street Address \_\_\_\_\_ Census Tract: \_\_\_\_\_

Number/Milepost Prefix Street or Highway Street Type Suffix

Apt./Suite/Room House Springs MO  
Midway DR City State Zip Code  
Cross street or directions

<b>Incident Type</b> 131 Passenger vehicle fire <b>Aid Given or Received</b> None	<b>Dates &amp; Times</b> Alarm: 2/1/2007 02:17:00 Arrival: 2/1/2007 02:25:00 Controlled: 00:00:00 Last Unit: 2/1/2007 03:57:00	<b>Shifts &amp; Alarms</b> A 1 3 Shift Alm. Dist. <b>Special Studies</b>
Their FDID State Their Incident Number		

<b>Actions Taken</b> 11 Extinguish <b>Primary Action Taken (1)</b> 73 Provide manpower <b>Additional Action Taken (2)</b> 76 Provide water <b>Additional Action Taken (3)</b>	<b>Resources</b> <input type="checkbox"/> Apparatus or Personnel Form Used <table border="1"> <thead> <tr> <th></th> <th>Apparatus</th> <th>Personnel</th> </tr> </thead> <tbody> <tr> <td>Suppression:</td> <td>2</td> <td>6</td> </tr> <tr> <td>EMS:</td> <td>0</td> <td>0</td> </tr> <tr> <td>Other:</td> <td>1</td> <td>1</td> </tr> </tbody> </table> <input type="checkbox"/> Resource counts include aid received		Apparatus	Personnel	Suppression:	2	6	EMS:	0	0	Other:	1	1
	Apparatus	Personnel											
Suppression:	2	6											
EMS:	0	0											
Other:	1	1											
<b>Estimated Dollar Losses &amp; Values</b> <b>LOSSES</b> Property: 0 <input checked="" type="checkbox"/> None Contents: 0 <input checked="" type="checkbox"/> <b>PRE-INCIDENT VALUE:</b> Property: 0 <input checked="" type="checkbox"/> Contents: 0 <input checked="" type="checkbox"/>													

<b>Casualties</b> <input checked="" type="checkbox"/> None <table border="1"> <thead> <tr> <th></th> <th>Deaths</th> <th>Injuries</th> </tr> </thead> <tbody> <tr> <td>Fire Service:</td> <td>0</td> <td>0</td> </tr> <tr> <td>Civilian:</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		Deaths	Injuries	Fire Service:	0	0	Civilian:	0	0	<b>Hazardous Materials Released</b> N None
	Deaths	Injuries								
Fire Service:	0	0								
Civilian:	0	0								

<b>Detector</b>	<b>Mixed Use Property</b>
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**Property Use**  
 962 Residential street, road or residential driveway

<b>Equipment Involved In Ignition</b> <input checked="" type="checkbox"/> None NNN None Equipment code  Brand: Model: Serial #: Year: 0	<b>Equipment Power</b>  Equipment Power Source Code
	<b>Equipment Portability</b> <input type="checkbox"/> Portable <input type="checkbox"/> Stationary

<b>Fire Suppression Factors</b> <input checked="" type="checkbox"/> None  Fire suppression factor (1)  Fire suppression factor (2)  Fire suppression factor (3)
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<b>Mobile Property Involved</b> <input type="checkbox"/> None <input type="checkbox"/> Not involved in ignition, but burned <input type="checkbox"/> Involved in ignition, but did not burn <input checked="" type="checkbox"/> Involved in ignition and burn  Mobile property model: 1993 Year: 1993 License Plate Number: MO State: MO VIN Number:	<b>Mobile Property Type &amp; Make</b>  11 Passenger car. Mobile property type  FO Ford Mobile property make
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<b>Local Use</b> <input type="checkbox"/> Pre-Fire Plan Available  <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached
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