



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 DEC 12 AM 10:23

FOR AGENCY USE ONLY 100148

Date Received
 12 AM 10:23
 19-SEP-2007

Repository
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
 Address [REDACTED]
 City ROWLEY State MA Zip Code [REDACTED]

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 [REDACTED] Date 10/20/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2MEFM75W2Y [REDACTED]
 Make: MERCURY Model: GRAND MARQUIS Model Year: 2000
 Date Purchased: 26-JAN-02 Dealer's Name and Telephone Number: [REDACTED] Engine: No: Cylinders 8 Fuel Type: Gas
 Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
 Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: REAR WHEEL DRIVE Vehicle Component Code: 111000 ELECTRICAL SYSTEM:BATTERY Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 11-SEP-2007 Failure Mileage: 81210 Failure Speed: 25

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: DOTM9ABC036): [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

(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 2000 MERCURY GRAND MARQUIS. WHILE DRIVING 25 MPH, THE CONTACT NOTICED SMOKE, A POIGNANT ODOR, AND SMALL FLAMES SEEPING FROM THE DASHBOARD. HE PULLED OVER, EXITED THE VEHICLE, AND CALLED 911. HE TAMED THE FIRE WITH A FIRE EXTINGUISHER. THE POLICE AND FIRE DEPARTMENTS ARRIVED AND DISCONNECTED THE BATTERY. A POLICE REPORT WAS FILED. THE CONTACT DID NOT NOTIFY A DEALER AND NO REPAIRS WERE MADE. THE CURRENT AND FAILURE MILEAGES WERE 81,210.

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.

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-1S) 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

Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

MA [REDACTED] - [REDACTED]

Rowley

L Remarks

Local Option

rec a call for a motor vehicle fire in the driveway at 190 leslie road. e3 responded to fire from Haverhill street near new institution for savings building 312 Haverhill street e3 found a 2000 grand marques that had a fire in the dash (near the radio), also found that the park lights would not shut off. we disconnected the battery. homeowner + pd had put out the fire with extinguisher. fd only used thermal imager to check for hot spots

L Authorization

004

Officer in charge ID

CHADBOURNE, DOUGLAS L

Signature

DC

Position or rank

Assignment

09

12

2007

Month

Day

Year

 Check Box if same as Officer in charge.

009

Member making report ID

EMERY, MARK R

Signature

FTE

Position or rank

Assignment

09

12

2007

Month

Day

Year

B Property Details

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

B2 Buildings involved **Buildings not involved**
 Number of buildings involved

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

C On-Site Materials 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

D Ignition

D1 81 **Operator/passenger area**
 Area of fire origin *

D2 UU **Undetermined**
 Heat source *

D3 UU **Undetermined**
 Item first ignited * 1 Check Box if fire spread was confined to object of origin

D4
 Type of material first ignited Required only if item first ignited code is 00 or <70

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

NN **None** **None**

Factor Contributing To Ignition (1)

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**

NNN **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

MARQUIS 2000
 Mobile property model Year

MA 2MEFM75W2Y
 License Plate Number State VIN Number