



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 DEC 12 AM 9:23  
26-SEP-2007

Repository ☐

Reference No.

10204167

OWNER INFORMATION (Type or Print)

Name

Address

City

ORLANDO

State FL

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 your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

VEHICLE INFORMATION

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

Make  
GMC

Model  
LIGHT TRUCK

Model Year  
1984

Date Purchased

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

4 WHEEL DRIVE

Vehicle Component Code

115000 ELECTRICAL SYSTEM:FUSES AND CIRCUIT BREAKERS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)  
13-JUN-2007

Failure Mileage  
100000

Failure Speed  
5

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 OWNED A 1984 GMC SIERRA. ON JUNE 13, 2007, WHILE DRIVING 5 MPH, THE CONTACT NOTICED STEAM OR SMOKE COMING FROM THE VEHICLE. HE PULLED OFF THE ROAD AND THE VEHICLE CAUGHT FIRE. THE FIRE DESTROYED EVERYTHING IN THE PASSENGER COMPARTMENT AND THE TIRES AND BED OF THE VEHICLE WERE ALL THAT REMAINED. THE VEHICLE WAS DESTROYED. THE FIRE BEGAN UNDER THE HOOD, DIRECTLY BEHIND THE MASTER CYLINDER IN FRONT OF THE FUSE BOX. A FIRE REPORT WAS FILED. IN SEPTEMBER OF 2007, THE CONTACT RECEIVED A RECALL NOTICE FOR NHTSA CAMPAIGN ID NUMBER 7E059000 (ELECTRICAL SYSTEM: FUSES AND CIRCUIT BREAKERS). THE VIN, FUEL SYSTEM, ENGINE SIZE, AND PURCHASE DATE WERE UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 100,000.

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.

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

I was Sitting At A Stop Light When Smoke Started to Come out of the truck. At first I thought Steam, But the Smoke was too dark, I Pulled off the Road. And My Son Opened His door And Fire Was Shooting Out from under the TRUCK. The firemen who Responded Said it looked like the fire started in the firewall Behind the Master cylinder. The fuse Box was Located in that Area. We Received Notice A couple of weeks later that the fuses we were Using Could Cause A Fire. By that time it was too late. The TRUCK HAD Already Burned!

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

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

Official Business  
Penalty for Private Use \$300



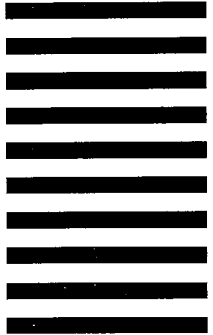
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

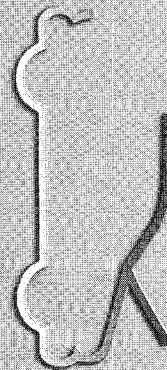
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
400 7th Street, SW  
Washington, DC 20590



**Think your vehicle  
has a safety defect?**



**If so:**

**Use the enclosed  
form to file a report.**

**or visit:**

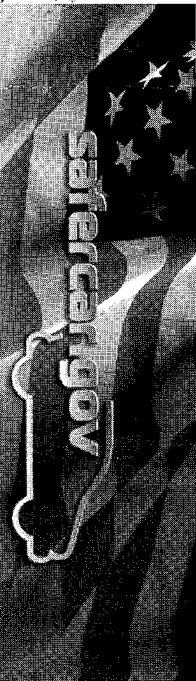
**www.safercar.gov**

**or call:**

**Vehicle Safety Hotline  
888-327-4236**

**nhtsa**  
www.nhtsa.dot.gov  
people saving people

Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration



**GMAC Insurance**

**FLORIDA AUTO  
INSURANCE IDENTIFICATION CARD**

COMPANY

**INTEGON GENERAL INSURANCE CORP**

POLICY NUMBER

COMPANY CODE

EFFECTIVE DATE

09273

11/02/2005

☒ PIP  
BENEFITS/PROPERTY  
DAMAGE LIABILITY

COVERAGES  
☐ RENTAL  
REIMBURSEMENT

☒ BODILY INJURY  
LIABILITY

NAMED INSURED

VEHICLES INSURED

YEAR

MAKE

VEHICLE IDENTIFICATION NUMBER

1984

GMC K250

1GTEK24LXE

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

|                                                            |                      |                                    |                    |                                    |                                           |                                                      |                                             |                             |                               |
|------------------------------------------------------------|----------------------|------------------------------------|--------------------|------------------------------------|-------------------------------------------|------------------------------------------------------|---------------------------------------------|-----------------------------|-------------------------------|
| <b>NFIRS</b>                                               |                      | FDID<br><b>07252</b>               | State<br><b>FL</b> | Incident Date<br><b>06/18/2007</b> |                                           | Station<br><b>63</b>                                 | Incident Number<br><b>[REDACTED]</b>        | Exposure Number<br><b>0</b> |                               |
| <b>Basic</b>                                               |                      |                                    |                    |                                    |                                           |                                                      |                                             |                             |                               |
| Location Type<br><b>1</b>                                  |                      | Wildland Loc?                      |                    | Census Tract<br><b>164.10</b>      |                                           |                                                      |                                             |                             |                               |
| Incident Address<br><b>N ECONLOCKHATCHEE TL/UNIVERSITY</b> |                      |                                    |                    |                                    | City<br><b>ORG</b>                        |                                                      | State<br><b>FL</b>                          |                             | Zip Code<br><b>[REDACTED]</b> |
| Wildland Loc?                                              |                      | Cross St or Dir                    |                    |                                    |                                           |                                                      |                                             |                             |                               |
| Incident Type<br><b>130</b>                                |                      | FDID Rec Aid                       | State Rec Aid      |                                    | Alarm Dt/Tm<br><b>06/18/2007 11:01:17</b> |                                                      | Arrival Dt/Tm<br><b>06/18/2007 11:06:49</b> |                             | Alarms                        |
| Mutual Aid<br><b>N</b>                                     |                      | Inc No Rec Aid                     |                    | Controlled Dt/Tm                   |                                           | Cleared Dt/Tm<br><b>06/18/2007 11:26:06</b>          |                                             | Special Study ID            | Study Value                   |
| Resource Form?<br><b>Yes</b>                               |                      |                                    |                    |                                    | Res Cnt Inc Aid?                          |                                                      | First In Unit<br><b>Rescue 63</b>           |                             | Property Loss                 |
| Actions Taken<br><b>Extinguish</b>                         |                      |                                    |                    |                                    | Suppression App<br><b>1</b>               |                                                      | Suppression Pers<br><b>4</b>                |                             | Contents Loss                 |
| Actions Taken<br><b>Investigate</b>                        |                      |                                    |                    |                                    | EMS Apparatus<br><b>1</b>                 |                                                      | EMS Personnel<br><b>2</b>                   |                             | Property Value                |
| Actions Taken                                              |                      |                                    |                    |                                    | Other Apparatus                           |                                                      | Other Personnel                             |                             | Contents Value                |
| Fire Serv Deaths                                           |                      | Fire Serv Inj                      |                    | Det Altered Occ                    |                                           | Mixed Use                                            |                                             |                             |                               |
| Civilian Deaths                                            |                      | Civilian Inj                       |                    | HazMat Released                    |                                           | Property Use<br><b>Residential street, road or r</b> |                                             |                             |                               |
| No. Involvements<br><b>1</b>                               |                      | Alarm Problem                      |                    | No. of Patients                    |                                           | No. Treated                                          |                                             | Suspense                    |                               |
| <b>Occupant/Owner</b>                                      |                      |                                    |                    |                                    |                                           |                                                      |                                             |                             |                               |
| Business Name                                              |                      |                                    |                    |                                    | Phone No                                  |                                                      |                                             |                             |                               |
| Name Prefix<br><b>MRS</b>                                  |                      | Name<br><b>[REDACTED]</b>          |                    |                                    |                                           |                                                      |                                             | Name Suffix                 |                               |
| Address<br><b>[REDACTED]</b>                               |                      |                                    |                    |                                    |                                           | Post Office Box                                      |                                             |                             |                               |
| City<br><b>ORLANDO</b>                                     |                      |                                    |                    | State<br><b>FL</b>                 |                                           | ZIP Code<br><b>[REDACTED]</b>                        |                                             |                             |                               |
| Race<br><b>White</b>                                       | Sex<br><b>Female</b> | Date of Birth<br><b>12/25/1950</b> |                    | Soc Sec No                         |                                           | OLN                                                  |                                             | OLS                         | MNI                           |
| <b>Remarks</b>                                             |                      |                                    |                    |                                    |                                           |                                                      |                                             |                             |                               |
| Remarks<br><b>OWNER</b>                                    |                      |                                    |                    |                                    |                                           |                                                      |                                             |                             |                               |
| <b>General Fire</b>                                        |                      |                                    |                    |                                    |                                           |                                                      |                                             |                             |                               |
| No. Res Units                                              |                      | Not Residential?<br><b>Yes</b>     |                    | On-Site Material                   |                                           |                                                      |                                             | Storage Use                 |                               |
| No. Bldg Invl                                              |                      | No Bld Involved?                   |                    | On-Site Material                   |                                           |                                                      |                                             | Storage Use                 |                               |
| Acres Burned                                               |                      | Less Than One?                     |                    | On-Site Material                   |                                           |                                                      |                                             | Storage Use                 |                               |

|                                                         |                           |                                         |                                         |                                                         |                  |                                                             |                                    |                             |
|---------------------------------------------------------|---------------------------|-----------------------------------------|-----------------------------------------|---------------------------------------------------------|------------------|-------------------------------------------------------------|------------------------------------|-----------------------------|
| <b>NFIRS</b>                                            |                           | FDID<br><b>07252</b>                    | State<br><b>FL</b>                      | Incident Date<br><b>06/18/2007</b>                      |                  | Station<br><b>63</b>                                        | Incident Number<br><b>07046718</b> | Exposure Number<br><b>0</b> |
| Area of Origin<br><b>Engine area, r</b>                 |                           | Form of Material<br><b>Undetermined</b> |                                         | Confined Fire                                           |                  | Ignition Cause<br><b>Cause undetermined after investiga</b> |                                    |                             |
| Heat Source<br><b>Undetermined</b>                      |                           | Type of Material                        |                                         | Ignition Factors<br><b>Undetermined</b>                 |                  | Ignition Factors                                            |                                    |                             |
| Human Factors<br><b>None</b>                            |                           |                                         |                                         |                                                         |                  |                                                             | Age                                | Sex                         |
| Equip Involved                                          | Make                      | Year                                    | Power Source                            |                                                         | Suppress Factors |                                                             |                                    |                             |
| Model                                                   |                           |                                         | Portability                             |                                                         | Suppress Factors |                                                             |                                    |                             |
| Serial No                                               |                           |                                         |                                         |                                                         | Suppress Factors |                                                             |                                    |                             |
| Mobile Prop Inv<br><b>Involved in ignition and burn</b> |                           |                                         |                                         | Mobile Property<br><b>Passenger road vehicle, other</b> |                  |                                                             |                                    |                             |
| Make<br><b>GMC (General Motors)</b>                     |                           |                                         |                                         | Model<br><b>1500 PICK UP</b>                            |                  |                                                             | Year<br><b>1982</b>                |                             |
| License Plate No<br><b>D001MK</b>                       |                           |                                         |                                         | License State<br><b>FL</b>                              |                  | VIN                                                         |                                    |                             |
| <b>Apparatus or Resource E63</b>                        |                           |                                         |                                         |                                                         |                  |                                                             |                                    |                             |
| Call No<br><b>071690119</b>                             |                           |                                         | Shift<br><b>C</b>                       |                                                         |                  | Call Type<br><b>CARF</b>                                    |                                    |                             |
| UNIT<br><b>Engine 63</b>                                |                           |                                         | Type of Resource<br><b>Engine</b>       |                                                         |                  |                                                             |                                    |                             |
| Dispatch Dt/Tm<br><b>06/18/2007 11:01:17</b>            |                           |                                         | Out Dt/Tm<br><b>06/18/2007 11:01:54</b> |                                                         |                  | Arrival Dt/Tm<br><b>06/18/2007 11:07:36</b>                 |                                    |                             |
| To Hosp Dt/Tm                                           |                           |                                         | Arr Hosp Dt/Tm                          |                                                         |                  | Cancelled Dt/Tm                                             |                                    |                             |
| Cleared Dt/Tm<br><b>06/18/2007 11:25:59</b>             |                           |                                         |                                         |                                                         |                  |                                                             |                                    |                             |
| Response Time<br><b>06:19</b>                           | Staff Hours<br><b>1.6</b> | Time Indicator                          | Staff<br><b>4</b>                       | Resource Use<br><b>Suppression</b>                      |                  |                                                             |                                    |                             |
| Actions Taken<br><b>Extinguish</b>                      |                           |                                         |                                         | Actions Taken<br><b>Investigate</b>                     |                  |                                                             |                                    |                             |
| Actions Taken                                           |                           |                                         |                                         | Actions Taken                                           |                  |                                                             |                                    |                             |
| <b>Personnel</b>                                        |                           |                                         |                                         |                                                         |                  |                                                             |                                    |                             |
| Officer<br><b>OC0712/WARD, JAMES E</b>                  |                           | Rank or Grade<br><b>A/LT</b>            | Pers Act Taken<br><b>11</b>             | <b>Extinguish</b>                                       |                  |                                                             |                                    |                             |
|                                                         |                           |                                         | Pers Act Taken<br><b>86</b>             | <b>Investigate</b>                                      |                  |                                                             |                                    |                             |
| Officer<br><b>OC0986/FERNANDEZ, CLAUDIA</b>             |                           | Rank or Grade<br><b>R/DR</b>            | Pers Act Taken<br><b>58</b>             | <b>Operate apparatus or vehicle</b>                     |                  |                                                             |                                    |                             |
|                                                         |                           |                                         | Pers Act Taken<br><b>76</b>             | <b>Provide water</b>                                    |                  |                                                             |                                    |                             |
| Officer<br><b>OC1381/CAAMANO, JOSE</b>                  |                           | Rank or Grade<br><b>FF</b>              | Pers Act Taken<br><b>11</b>             | <b>Extinguish</b>                                       |                  |                                                             |                                    |                             |
|                                                         |                           |                                         | Pers Act Taken<br><b>73</b>             | <b>Provide manpower</b>                                 |                  |                                                             |                                    |                             |
| Officer<br><b>OC1480/MOSSONE, ROGER M.</b>              |                           | Rank or Grade<br><b>FF</b>              | Pers Act Taken<br><b>11</b>             | <b>Extinguish</b>                                       |                  |                                                             |                                    |                             |
|                                                         |                           |                                         | Pers Act Taken<br><b>73</b>             | <b>Provide manpower</b>                                 |                  |                                                             |                                    |                             |
| Printed By<br><b>OCA044/WEBB, DEIDRE</b>                |                           |                                         |                                         | Printed At<br><b>09/27/2007 10:06:18</b>                |                  | Page 2 of 3                                                 |                                    |                             |

|       |               |             |                             |               |                             |                      |
|-------|---------------|-------------|-----------------------------|---------------|-----------------------------|----------------------|
| NFIRS | FDID<br>07252 | State<br>FL | Incident Date<br>06/18/2007 | Station<br>63 | Incident Number<br>07046718 | Exposure Number<br>0 |
|-------|---------------|-------------|-----------------------------|---------------|-----------------------------|----------------------|

## Apparatus or Resource R63

|                                              |                                         |                                             |
|----------------------------------------------|-----------------------------------------|---------------------------------------------|
| Call No<br><b>071690119</b>                  | Shift<br><b>C</b>                       | Call Type<br><b>CARF</b>                    |
| UNIT<br><b>Rescue 63</b>                     | Type of Resource<br><b>ALS unit</b>     |                                             |
| Dispatch Dt/Tm<br><b>06/18/2007 11:01:17</b> | Out Dt/Tm<br><b>06/18/2007 11:02:21</b> | Arrival Dt/Tm<br><b>06/18/2007 11:06:49</b> |
| To Hosp Dt/Tm                                | Arr Hosp Dt/Tm                          | Cancelled Dt/Tm                             |
| Cleared Dt/Tm<br><b>06/18/2007 11:21:33</b>  |                                         |                                             |
| Response Time<br><b>05:32</b>                | Staff Hours<br><b>0.6</b>               | Time Indicator                              |
|                                              | Staff<br><b>2</b>                       | Resource Use<br><b>EMS</b>                  |
| Actions Taken<br><b>Extinguish</b>           |                                         | Actions Taken                               |
| Actions Taken                                |                                         | Actions Taken                               |

## Personnel

|                                             |                               |                             |                                     |
|---------------------------------------------|-------------------------------|-----------------------------|-------------------------------------|
| Officer<br><b>OC1272/HENDERSON, CHRISTO</b> | Rank or Grade<br><b>FF</b>    | Pers Act Taken<br><b>58</b> | <b>Operate apparatus or vehicle</b> |
|                                             |                               | Pers Act Taken<br><b>11</b> | <b>Extinguish</b>                   |
|                                             |                               | Pers Act Taken<br><b>73</b> | <b>Provide manpower</b>             |
| Officer<br><b>OC1056/HANSEN, SCOTT</b>      | Rank or Grade<br><b>FF/PM</b> | Pers Act Taken<br><b>73</b> | <b>Provide manpower</b>             |

## Narrative

|                        |
|------------------------|
| Rep Unit<br><b>E63</b> |
|------------------------|

RESPONDED TO A REPORTED CAR FIRE.FOUND A FIRE IN THE ENGINE COMPARTMENT OF A GMC TRUCK.THE ORGIN OF IGNITION IS UNKNOWN,BUT APPEARED TO HAVE STARTED NEAR THE FIRE WALL.THE FIRE WAS EXTINGUSHED AND THE AUTO TOT THE OWNER FOR TOWING.