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 FEB 14 AM 7:26

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
11-JAN-2008	Reference No. 10214510

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City GARY	State IN	Zip Code [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 address to the vehicle manufacturer.

Signature of Owner [redacted] Date 1/19/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FDEE14N3PH[redacted]	FORD	WINDSTAR JYCO	1993

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
24-JUN-93	ART HILL (219)7385300			No: Cylinders 8	Gas
Original Owner ☒	Dealer's City MERRILLVILLE	State IN	Zip Code 46410		

Transmission Type		Powertrain	Vehicle Component Code
	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	060000 ENGINE AND ENGINE COOLING Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
06-JAN-2008	100000	0	

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No	0	0	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 WINDSTAR. THE VEHICLE CAUGHT FIRE WHILE IDLING. THE FIRE APPEARED TO HAVE STARTED FROM UNDERNEATH THE HOOD. A FIRE REPORT WAS FILED. THE VEHICLE HAS NOT BEEN INSPECTED TO DETERMINE THE CAUSE OF THE FIRE. THE CONTACT NOTIFIED THE MANUFACTURER AND IS WAITING FOR A RESPONSE. THE TRANSMISSION TYPE WAS UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 100,000.

Not true. VAN was off and parked.

Jayco

Only by the Fire Dept.

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

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

VAN WAS parked AND OFF ; NOT IDLING. AN PASSER byee SAW the fire AND CALL the fire Dept. (Reported it) Fire Dept put it out then contacted me. It WAS park IN FRONT of house

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

GARY IN 46

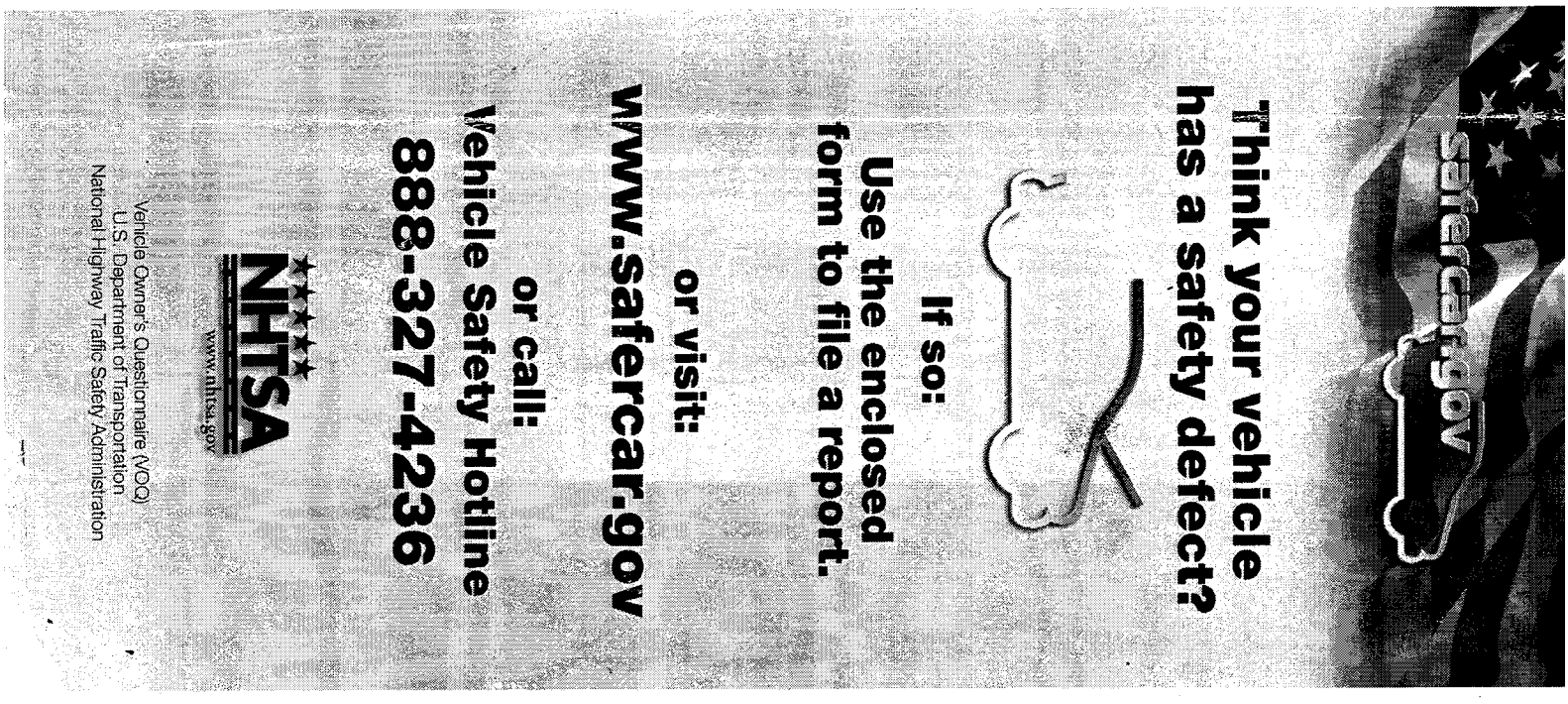
22 JAN 2008 PM 1

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
1200 New Jersey Ave SE
Washington, DC 20077-9382



FIRE REPORT

CITY OF GARY FIRE DEPARTMENT

NOTE: Building and content figures are not authentic inasmuch as they are estimated by firefighters not experienced in valuations of buildings and their contents

INCIDENT # 08-01-0103 DATE JAN. 6, 2008

TIME OF ALARM 1936 a.m. p.m. RESPONDING COMPANIES — Unit ___ Eng. 1 Trk. ___ Rescue ___

TYPE OF ALARM ☐ Still ☐ 2-11 ☐ 3-11 ☐ 4-11 ☐ 5-11 ☐ False ☐ 10-19 ☒ S/A

ADDRESS [redacted] CITY GARY COUNTY LAKE STATE IND.

OWNERS [redacted]

OCCUPANT(S)

Floor	Occupant	Est. Loss	Type Occup.	Value	Ins. Amount	Ins. Agent

To be used only by Batt. Chiefs, Ass't. Chiefs and Single Assignment Officer.

CAUSE OF FIRE IN DETAIL ☐ Accidental ☐ Arson ☐ Suspicious Origin ☐ Undetermined

EXPLAIN IN DETAIL UPON ARRIVAL ENG 1 HAD A SMALL PAN FIRE. ENG 1 PULLED 1 3/4 EXTINGUISHED FIRE.

COLOR OF SMOKE ☐ Black ☐ Gray ☐ Brown ☐ White ☐ Other

COLOR OF FLAME ☐ Yellow 450° ☐ Brown to Purple 550° ☐ Blue 600° ☐ Faint Red 1100° ☐ Dark Cherry 1400° ☐ Salmon 1600° ☐ Lemon 1800° ☐ White 220° ☐ Sparkling White 2400°

HEAT SOURCE? ___ WIND DIRECTION DURING FIRE ___

EXTENT OF DAMAGE: ☐ Heavy ☐ Moderate ☐ Light

LOCATION OF OWNERS OR OCCUPANTS AT TIME OF FIRE ___

POINT OF ORIGIN ___

SOUND OF EXPLOSIONS ☐ Yes ☒ No LOCATION ___

TYPE OF BUILDING ☐ Home ☐ Apartment ☐ Church ☐ School ☐ Hospital ☐ Hotel ☐ Garage ☐ Commercial ☐ Government ☐ Other NUMBER OF FLOORS ___

CONSTRUCTION OF BUILDING ☐ Brick ☐ Frame ☐ Steel ☐ Alum. ☐ Stucco ☐ Block ☐ Fiberglass ☐ Other

STRUCTURE AFTER FIRE: ☐ Secured ☐ Unsecured

METHOD OF ENTRY ☐ Forced ☐ No Force ☐ Window ☐ Door

TYPE OF ROOF ☐ Gable ☐ Dome ☐ Mansard ☐ Gambrell ☐ Lantern ☐ Flat ☐ Shed ☐ Butterfly ☐ Hip ☐ Composition ___

CONDITION OF EXTERIOR DOORS AND LOCKS ☐ Intact ☐ Broken

NUMBER OF ROOMS ___ NUMBER OF ROOMS DAMAGED BY HEAT & SMOKE ___

LIST OF ITEMS REMOVED FROM STRUCTURE BY FIRE-FIGHTERS:

1.	5.	9.	13.
2.	6.	10.	14.
3.	7.	11.	15.
4.	8.	12.	16.

FIRE-FIGHTERS RESPONDING

Engr.	Rayshawn Allen		
F.F.	Gregory Morland		
F.F.	Anthony Cole		

CHIEF OFFICER _____ POLICE OFFICER(S) _____

ENGINE COMPANY OFFICERS Capt. Malcolm Maxwell

TRUCK COMPANY OFFICERS _____

INJURIES AT FIRE and DISPOSITION _____

DEATHS and ACCIDENTS AT FIRE (Attach detailed report to the copy) _____

HYDRANTS USED (Exact Location) _____

SIZE and HOOKUP _____ PUMP TIME 20 min

AMOUNT OF HOSE USED ____ 1" ____ 1½" 50 1¾" ____ 2½" ____ 3" ____ 5"

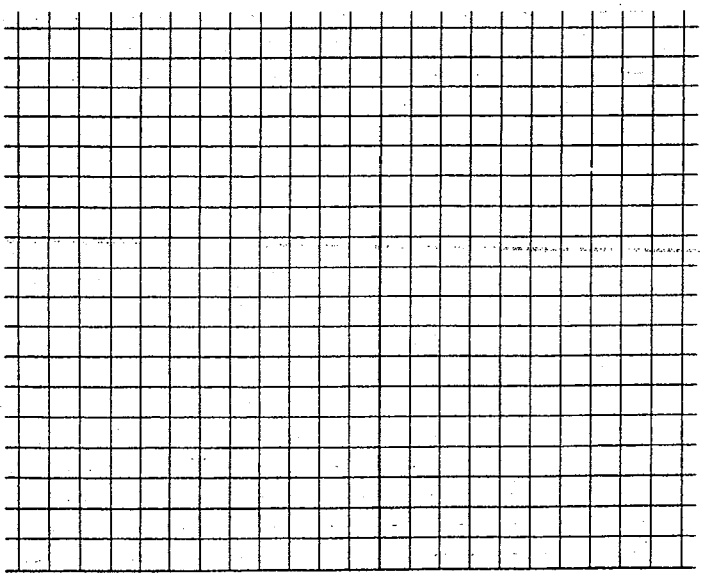
LADDERS USED ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ TOTAL _____

OTHER EXTINGUISHERS USED ☐ Hand ☐ CO2 ☐ Dry Chemical ☐ Other

EQUIPMENT USED ~~Halgan BAR~~ HALAGAN BAR

EQUIPMENT LOST OR DAMAGED _____

FLOOR PLAN OF FIREGROUND



INSURANCE CO. Classic

BUILDING VALUE _____

INSURANCE AMOUNT _____

ESTIMATED LOSS _____

POLICY NUMBER _____

EXPIRATION DATE _____

INSURANCE AGENT _____

VEHICLE INFORMATION - LICENSE :

STATE Ford YEAR 1993

MAKE Ford MODEL White

YEAR ~~1993~~ COLOR _____

SERIAL NUMBER 1FDEF[redacted]

SIGNATURE OF OFFICER IN CHARGE OF COMPANY and RANK Capt

Form BP—12/80