



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	Repository <input type="checkbox"/>
20-NOV-2008	Reference No. 10249380

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City MONTAZUMA	State GA	Zip Code

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of _____ or address to the vehicle manufacturer.
 Signature of Owner _____ Date 12/3/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1EA1B392642	Make TERRY	Model 3902B	Model Year 2004
Date Purchased 8/26/03	Dealer's Name and Telephone Number TALL PAUL'S CAMPERS 408-788-7100	Engine: No: Cylinders 0	Fuel Type: N/A
Original Owner <input checked="" type="checkbox"/>	Dealer's City MACON	State GA	Zip Code 31206
Transmission Type N/A	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain N/A	Multiple Failure: N/A
			Incident Date(s) 07-NOV-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

DOMETIC REFRIGERATOR	Failure Mileage	Failure Speed
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police Y
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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 2004 FLEETWOOD TERRY. THE VEHICLE HAS A DOMETIC REFRIGERATOR, MODEL RM2652. THE CONTACT STATED THAT THE TRAILER CAUGHT FIRE AND WAS COMPLETELY DESTROYED. A UTILITY BUILDING ALSO SUSTAINED DAMAGE. THE FIRE DEPARTMENT AND THE INSURANCE INVESTIGATOR STATED THAT THE REFRIGERATOR WAS THE CAUSE OF THE FAILURE. THERE WERE NO INJURIES AND A FIRE REPORT WAS FILED. THE SERIAL AND PART NUMBERS WERE UNKNOWN. THE FAILURE MILEAGE WAS NOT APPLICABLE.

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.

A	14401 ZPID *	GA State *	11 07 Incident Date *	2008 Year	1.4 Station	08-0001168 Incident Number *	000 Exposure *	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> NO ACTIVITY	NFIRS -1 Basic
B	Location* <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires.								
	<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions		5250 Number/Milepost Prefix		APACHE Street or Highway		BND Street Type Suffix		4000 Census Tract
	Camp Site # Blairsville Apt./Suite/Rock City		GA State		30512 Zip Code				
C Incident Type *			E1 Date & Times				E2 Shift & Alarms		
121 Fire in mobile home used as Incident Type			Check boxes if dates are the same as Alarm Date. Alarm * 11 07 2008 10:24:03 Month Day Year Hr Min Sec Always required				Midnight is 0000 Local Option A 01 04 Shift or Alarm District Platoon		
D Aid Given or Received*			E3 Special Studies						
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recy. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given 6 <input checked="" type="checkbox"/> None			ARRIVAL required, unless canceled or did not arrive Arrival * 11 07 2008 10:31:51 CONTROLLED Optional. Except for wildland fires Controlled <input type="checkbox"/>				Local Option Special Study ID# Special Study Value		
F Actions Taken *			G1 Resources *			G2 Estimated Dollar Losses & Values			
11 Extinguishment by fire Primary Action Taken (1) 12 Salvage & overhaul Additional Action Taken (2)			Check this box and skip this section if an apparatus or personnel form is used. Apparatus Personnel Suppression 0005 0009 EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.			LOSSES: Required for all fires if known, optional for non fires. None Property \$ 030 000 Contents \$ 010 000 PRE-INCIDENT VALUE: Optional Property \$ 030 000 Contents \$ 010 000			
Completed Modules		H1 * Casualties		H3 Hazardous Materials Release			I Mixed Use Property		
<input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		Deaths Injuries Fire Service Civilian H2 Detector Required for contained fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them <input checked="" type="checkbox"/> Unknown		None 1 Natural Gas: slow leak, no evulsion or HAZMAT actions 2 Propane gas: 20 lb. tank (as in home BBQ grill) 3 Gasoline: vehicle fuel tank or portable container 4 Aerosols: seal bearing equipment or portable storage 5 Diesel fuel/fuel oil: vehicle fuel tank or portable 6 Household solvents: home/office spill, cleanup only 7 Motor oil: free engine or portable container 8 Paint: less paint cans totaling < 25 gallons 9 Other: Special hazard actions required or spill > 55gal. Please complete the HazMat form			NN Not Mixed 10 Assembly use 20 Education use 33 Medical use 40 Residential use 51 Row of stores 53 Enclosed mall 58 Bus. & Residential 59 Office use 63 Industrial use 65 Military use 65 Farm use 00 Other mixed use		
J Property Use*			K 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			341 Clinic, clinic type infirmary 342 Doctor/dentist office 361 Prison or jail, not juvenile 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			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 936 Vacant lot 938 Graded/care for plot of land 946 Lake, river, stream 951 Railroad right of way 960 Other street 961 Highway/divided highway 962 Residential street/driveway			
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						981 Construction site 984 Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 035 Campsite with utilities NFIRS-1 Revision 03/11/99			

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 002 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.

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

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D Ignition

D1 UU Undetermined
 Area of fire origin *

D2 UU Undetermined
 Heat source *

D3 UU Undetermined
 Item first ignited * 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 C

 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

Fleet Wood Travel Trailer
 Mobile property model

2003
 Year

 1ealb39264Z
 License Plate Number State VIN Number

H2 Mobile Property Type & Make

15 Trailer - travel
 Mobile property type

00 Other Make
 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

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

APACHE

Street or Highway

BND
Street Type

Suffix

Post Office Box

Camp
Apt./Suite/Room

Blairsville
City

GA
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

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Monterum
Apt./Suite/Room

City

GA
State

Zip Code

L Remarks

Local Option

UNION COUNTY FIRE STATION 1, STATION 4, STATION 7 AND STATION 10 REC'D A 911 CALL OF A POSSIBLE CAMPER FIRE AT THE ABOVE LOCATION. FR-01, R-01, PUM-01, ENG-04 AND TAN-10 RESPONDED CODE 3. UPON ARRIVAL OF LT. FORTENBERRY FOUND A FULLY INVOLVED MOBILE HOME. UPON ARRIVAL OF FR-01 CAPT. JONES ESTABLISHED COMMAND. ENG-04 SET UP AS ATTACK ENGINE WITH PUM-01 AND TAN-10 SUPPLYING WATER. FF D. BRIDGES AND FF D. WALKER MADE ATTACK WITH THE 1 1/2" SEED LAY. APPROX 2000 GALLONS OF WATER AND 5 GALLONS OF AFFF WAS USED TO EXTINGUISHED THE FIRE AND TO MOP UP. FIRE SPREAD TO AN OUT BUILDING ADJACENT TO THE CAMPER WITH MINOR DAMAGE. FIRE WAS CHECKED WITH THE T.I.C. AND NO TEMPERATURE WAS FOUND TO BE OVER 80 DEGREES. NO FURTHER ASSISTANCE WAS NEEDED FROM FIRE PERSONNEL. COMMAND WAS TERMINATED AND ALL UNITS RETURNED TO SERVICE AT 11:35:24.

L Authorization

JONE01

officer in charge ID

Jones, Richard A

Signature

CP

Position or rank

Assignment

11

07

2008

Month

Day

Year

Check box if same as Officer Member making report ID in charge.

BURN01

Burnette, Andrew

Signature

FFE

Position or rank

Assignment

11

07

2008

Month

Day

Year

14401	GA	MM	DD	YYYY	10:24:03	1.4	08-0001168	000	Responding Personnel
FUID	State *	11	7	2008	Alarm time *	Station	Incident Number *	Exposure *	

Staff ID	Staff Name	Unit	Activity	Position	Rank	Role	Hrs	HrsPd	Pts
BRID02	Bridges, Darrell	ENG-04X	FF Firefighting	FF	FF	FIREFIG	1.19	1.19	0.00
JONE01	Jones, Richard A	FR-01 X	FF Firefighting	FC	CP	INICMD	1.19	1.19	0.00
BUTT01	Butts, Logan	POV X	FF Firefighting	FF	PR	FIREFIG	1.19	1.19	0.00
FORT01	Fortenberry, Jeff	POV X	FF Firefighting	FL	LT	FIREFIG	1.19	1.19	0.00
GWYN01	Gwynn, Andy	POV X	FF Firefighting	FR	FR	FIREGRD	1.19	1.19	0.00
WALK01	Walker, Dustin	POV X	FF Firefighting	FF		FIREFIG	1.19	1.19	0.00
HOOD01	Hood, Damon	PUM-01X	FF Firefighting	FL	LT	SAFEOFF	1.19	1.19	0.00
BURN01	Burnette, Andrew	R-01 X	FF Firefighting	ET	FFE	WATESEC	1.19	1.19	0.00
BALD01	Baldwin, Gilbert	TAN-10X	FF Firefighting	FF	PR	WATESEC	1.19	1.19	0.00

Total Participants: 9

Total Personnel Hours: 10.71

An 'X' next to the unit denotes driver.
 Union County Fire Department

14401 11/07/2008 08-0001168

