



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: 18-MAR-2009
Repository:
Reference No.: 10262223

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: DE PERE State: WI 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: _____ Date: ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1D4HB58D94F [REDACTED]
Make: DODGE Model: DURANGO Model Year: 2004
Date Purchased: 11-12-04 Dealer's Name and Telephone Number: VAN HORN
Original Owner: Dealer's City: PLYMOUTH, WI State: WI Zip Code: 53023 Engine: V-8 Fuel Type: GAS
Transmission Type: AUTO-4 Antilock Brakes Cruise Control Powertrain: Multiple Failure: Incident Date(s): 16-MAR-2009

FAILED COMPONENT (S)/PART(S) INFORMATION

Vehicle Component Codes: 062000 ENGINE AND ENGINE COOLING: COOLING SYSTEM, 138110 VISIBILITY: DEFROSTER/DEFOGGER SYSTEM: WINDSHIELD: BLOWER
Failure Mileage: 80000 Failure Speed: 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: 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: N

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 DODGE DURANGO. AFTER THE VEHICLE HAD BEEN PARKED FOR AN HOUR OR SO, IT CAUGHT FIRE. AFTER FURTHER INSPECTION, IT WAS CONCLUDED THAT THE BLOWER MOTOR WAS THE POSSIBLE CAUSE OF THE FIRE. THE INSURANCE COMPANY IS IN THE PROCESS OF INVESTIGATING THE FAILURE. THE CONTACT HAS PICTURES AND A REPORT FROM THE FIRE DEPARTMENT, WHICH BOTH DESCRIBE THE FAILURE. THE FAILURE AND CURRENT MILEAGES WERE 80,000.

NATIONWIDE / ACCIED - MICHAEL OLM

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 MM DD YYYY Delete
 0510 WI 03 16 2009 BTH 09-000384 000 Change
 FDID * State * Incident Date * Station Incident Number * Exposure * No Activity
 NFIRS -1 Basic

B Location* Check this box to Indicate that the address for this incident is provided on the Wildland Fire Census Tract Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Street address
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions

Number/Milepost Prefix Street or Highway Street Type Suffix
 Apt./Suite/Room City State Zip Code
 De Pere WI
 Cross street or directions, as applicable

C Incident Type *
 131 Passenger vehicle fire
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm Date.
 ALARM always required
 Alarm * 03 16 2009 21:07:00
 Month Day Year Hr Min Sec

E2 Shift & Alarms Local Option
 A 01 E
 Shift or Alarms District Platoon

D Aid Given or Received*
 1 Mutual aid received
 2 Automatic aid recvd.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None

Their FDID Their State
 Their Incident Number

ARRIVAL required, unless canceled or did not arrive
 Arrival * 03 16 2009 21:15:00
 CONTROLLED Optional, Except for wildland fires
 Controlled 03 16 2009 21:28:00
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared 03 16 2009 21:59:00

E3 Special Studies Local Option
 Special Study ID# Special Study Value

F Actions Taken *
 86 Investigate
 Primary Action Taken (1)
 12 Salvage & overhaul
 Additional Action Taken (2)
 Additional Action Taken (3)

G1 Resources *
 Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus Personnel
 Suppression 0006 0019
 EMS
 Other
 Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values
 LOSSES: Required for all fires if known. Optional for non fires. None
 Property \$ 009,760
 Contents \$ 000,000
 PRE-INCIDENT VALUE: Optional
 Property \$ 009,760
 Contents \$ 000,000

Completed Modules
 Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1* Casualties None
 Deaths Injuries
 Fire Service
 Civilian
H2 Detector Required for Confined Fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release
 N None
 1 Natural Gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21 lb. tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning 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: from engine or portable container
 8 Paint: from paint cans totaling < 55 gallons
 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property
 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
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use* 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
 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

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
 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

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
 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 419
 1 or 2 family dwelling
 NFIRS-1 Revision 03/11/99

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

Local Option

Same as person involved? Then check this box and skip the rest of this section.

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

ST
Street Type

Suffix

Post Office Box

Apt./Suite/Room

De Pere
CityWI
State

Zip Code

L Remarks

Local Option

Dispatched for vehicle fire inside attached garage. On arrival of E111 garage overhead door open, 2 DPER POC on scene, fire out. E111 investigated and found fire originated in the dashboard area. No extinguishment by POCs, E111, or owner. Fire apparently burned itself out. Car pushed out of garage by E111 crew assisted by L111. L111 checked garage attic and house for smoke and extension and found none. Vehicle owner interviewed and stated that wife had returned with vehicle about 2 hours prior. Just before discovering fire family smelled smoke in house. Investigation by family found fire damage to vehicle and dark smoke in enclosed garage. Garage overhead door opened and 911 called while owner was retrieving fire extinguisher. Upon returning smoke had cleared and there was no visible fire. Fire investigator called in to investigate. E111 stood by to assist.

Complaint # 10262223
filed with NHTSA per AC [REDACTED]

L Authorization

023

Officer in charge ID

Annen, Richard J

Signature

LTP

Position or rank

Assignment

03

Month

16

Day

2009

Year

Check Box if same as Officer in charge.

 023

Member making report ID

Annen, Richard J

Signature

LTP

Position or rank

Assignment

03

Month

16

Day

2009

Year

A FDID * 05010 State * WI Incident Date * MM 03 DD 16 YYYY 2009 Station BTH Incident Number * 09-0000384 Exposure * 000 Delete Change No Activity **NFIRS -2 Fire**

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 Buildings not involved
Number of buildings involved

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

C On-Site Materials None or Products *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.

811 Autos, trucks, buses
On-site material (1)

Bulk storage or warehousing
 Processing or manufacturing
 Packaged goods for sale
 Repair or service

Bulk storage or warehousing
 Processing or manufacturing
 Packaged goods for sale
 Repair or service

Bulk storage or warehousing
 Processing or manufacturing
 Packaged goods for sale
 Repair or service

D Ignition

D1 81 Operator/passenger area of transportation equip.
Area of fire origin *

D2 UU Undetermined
Heat source *

D3 00 Item First Ignited, Other
Item first ignited * Check Box if fire spread was confined to object of origin

D4 41 Plastic
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

Intentional
 Unintentional
 Failure of equipment or heat source
 Act of nature
 Cause under investigation
 Cause undetermined after investigation

E2 Factors Contributing To Ignition

NN None
Factor Contributing To Ignition (1)

None
Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

Asleep None
 Possibly impaired by alcohol or drugs
 Unattended person
 Possibly mental disabled
 Physically Disabled
 Multiple persons involved

Age was a factor
Estimated age of person involved

Male 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

Portable
 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

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved

None

Not involved in ignition, but burned
 Involved in ignition, but did not burn
 Involved in ignition and burned

H2 Mobile Property Type & Make

11 Automobile, passenger car, ambulance, etc.
Mobile property type

DO Dodge
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

Durango 2004
Mobile property model Year

 WI 1D4HB58D94F
License Plate Number State VIN Number

A FDID 05010 * State WI * Incident Date MM 3 DD 16 YYYY 2009 Station BTH Incident Number 09-000384 * Exposure 000 * Delete Change **NFIRS - 9 Apparatus or Resources**

B Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small>						Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
	Month	Day	Year	Hour	Min						
1 ID <u>A121</u> Type <u>76</u>	Dispatch <input checked="" type="checkbox"/>	<u>3</u>	<u>16</u>	<u>2009</u>	<u>21:08</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input checked="" type="checkbox"/>	<u>3</u>	<u>16</u>	<u>2009</u>	<u>21:15</u>	<input checked="" type="checkbox"/>	<u>1</u>		<input type="checkbox"/>	<input type="checkbox"/>	
	Clear <input checked="" type="checkbox"/>	<u>3</u>	<u>16</u>	<u>2009</u>	<u>21:35</u>				<input type="checkbox"/>	<input type="checkbox"/>	
2 ID <u>C102</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>3</u>	<u>16</u>	<u>2009</u>	<u>21:08</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input checked="" type="checkbox"/>	<u>3</u>	<u>16</u>	<u>2009</u>	<u>21:34</u>	<input checked="" type="checkbox"/>	<u>1</u>		<input type="checkbox"/>	<input type="checkbox"/>	
	Clear <input checked="" type="checkbox"/>	<u>3</u>	<u>16</u>	<u>2009</u>	<u>21:52</u>				<input type="checkbox"/>	<input type="checkbox"/>	
3 ID <u>E111</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>3</u>	<u>16</u>	<u>2009</u>	<u>21:08</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input checked="" type="checkbox"/>	<u>3</u>	<u>16</u>	<u>2009</u>	<u>21:15</u>	<input checked="" type="checkbox"/>	<u>2</u>		<input type="checkbox"/>	<input type="checkbox"/>	
	Clear <input checked="" type="checkbox"/>	<u>3</u>	<u>16</u>	<u>2009</u>	<u>21:35</u>				<input type="checkbox"/>	<input type="checkbox"/>	
4 ID <u>E121</u> Type <u>12</u>	Dispatch <input checked="" type="checkbox"/>	<u>3</u>	<u>16</u>	<u>2009</u>	<u>21:08</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input checked="" type="checkbox"/>	<u>3</u>	<u>16</u>	<u>2009</u>	<u>21:17</u>	<input checked="" type="checkbox"/>	<u>2</u>		<input type="checkbox"/>	<input type="checkbox"/>	
	Clear <input checked="" type="checkbox"/>	<u>3</u>	<u>16</u>	<u>2009</u>	<u>21:35</u>				<input type="checkbox"/>	<input type="checkbox"/>	
5 ID <u>L111</u> Type <u>99</u>	Dispatch <input checked="" type="checkbox"/>	<u>3</u>	<u>16</u>	<u>2009</u>	<u>21:08</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input checked="" type="checkbox"/>	<u>3</u>	<u>16</u>	<u>2009</u>	<u>21:15</u>	<input checked="" type="checkbox"/>	<u>10</u>		<input type="checkbox"/>	<input type="checkbox"/>	
	Clear <input checked="" type="checkbox"/>	<u>3</u>	<u>16</u>	<u>2009</u>	<u>21:28</u>				<input type="checkbox"/>	<input type="checkbox"/>	
6 ID <u>PRSNL</u> Type <u></u>	Dispatch <input checked="" type="checkbox"/>	<u>3</u>	<u>16</u>	<u>2009</u>	<u>21:08</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input checked="" type="checkbox"/>	<u>3</u>	<u>16</u>	<u>2009</u>	<u>21:15</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	Clear <input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	
ID <u></u> Type <u></u>	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	Clear <input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	
ID <u></u> Type <u></u>	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	Clear <input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	
ID <u></u> Type <u></u>	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	Clear <input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	

Type of Apparatus or Resources

Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

**More Apparatus?
Use Additional
Sheets**

Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

