SEP 16 2009

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 ☐
16-JUL-2009	Reference No. 10276985

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address [redacted]		[redacted]	[redacted]
City LOUISVILLE	State KY	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 name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 8/11/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
5LMPU28L8WL[redacted]	LINCOLN	NAVIGATOR	1998

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
3/3/04	TRANSOUTH/CHRYSLER 888-380-8063			No: Cylinders 6	GASOLINE UNLEADED
Original Owner ☐	Dealer's City Coppell	State TX	Zip Code 75019		

Transmission Type			Multiple Failure:	Incident Date(s)
Automatic	☑ Antilock Brakes ☑ Cruise Control	Powertrain		06-DEC-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	155969	0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
	N/A	
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: N/A	
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 1998 LINCOLN NAVIGATOR. WHILE PARKED AT A GAS STATION, THE CONTACT NOTICED SMOKE UNDERNEATH THE HOOD OF THE VEHICLE. THE FIRE DEPARTMENT ARRIVED AND EXTINGUISHED THE FIRE. THE VEHICLE WAS TOWED TO THE CONTACT'S RESIDENCE. THE INSURANCE COMPANY STATED THAT THE VEHICLE WAS DESTROYED, BUT DID NOT DISCLOSE THE CAUSE OF THE FAILURE. THE VEHICLE WAS TOWED TO A SALVAGE YARD. THE DEALER HAS NOT BEEN NOTIFIED. PRIOR TO THE FIRE, THE CONTACT RECEIVED A RECALL NOTICE FOR NHTSA CAMPAIGN ID NUMBER 05V388000 (VEHICLE SPEED CONTROL). HE TOOK THE VEHICLE TO THE DEALER TO HAVE THE RECALL REPAIRED AT THAT TIME. THE CONTACT BELIEVES THAT THE FIRE WAS DUE TO THE VEHICLE SPEED CONTROL. A FIRE REPORT WAS FILED AND THE CONTACT HAS PICTURES OF THE FIRE. THE FAILURE AND CURRENT MILEAGES WERE 155,969.

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)

While sitting at Kroger Store Gas pump, when starting car shut off, restarted & would not, Smoke began to billow on outside of windshield. Car caught fire while sitting @ pump 911 was called.

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

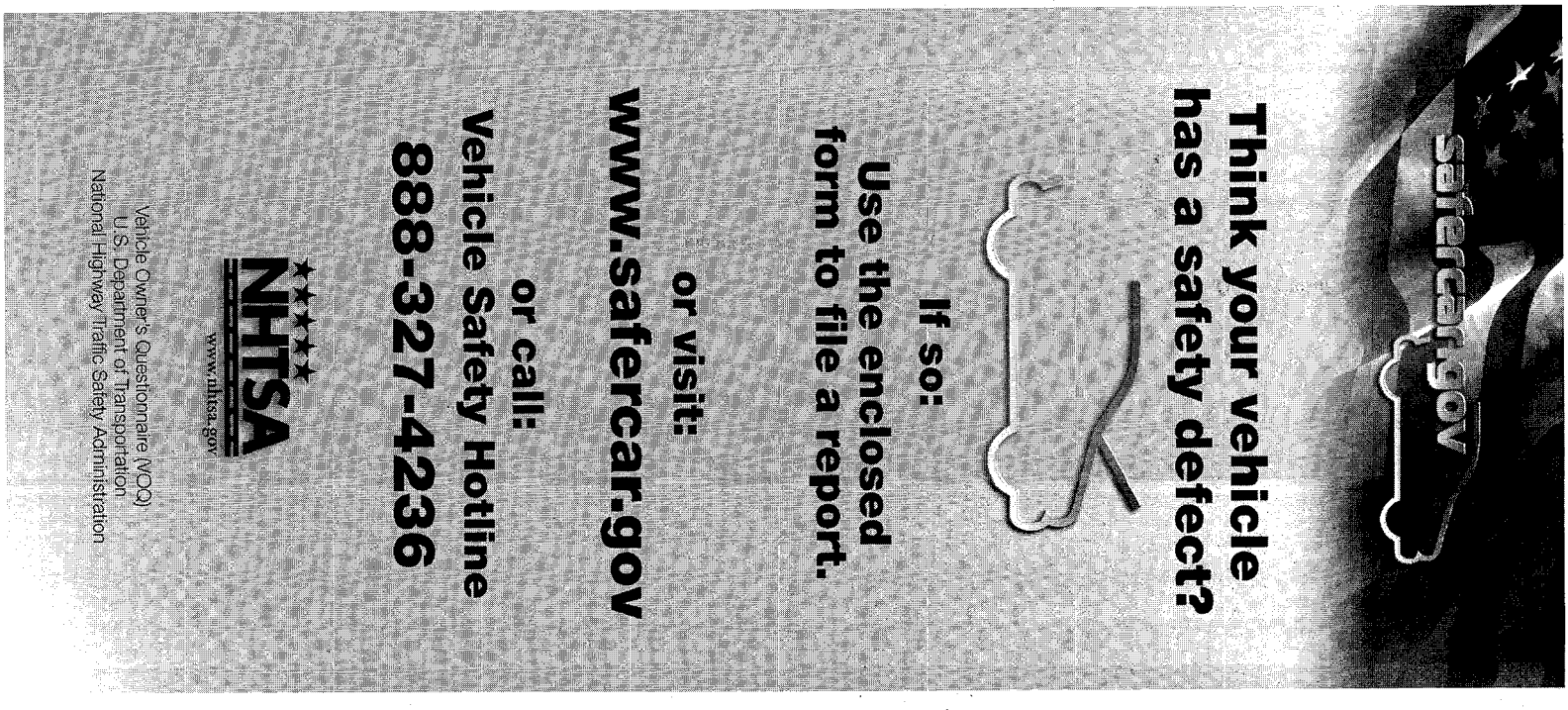
Official Business
Penalty for Private Use $300

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 Avenue SE.
Washington, D.C. 20077-9382



Model Affected: NAVIGATOR
Potential Units Affected: 1520000

⊞ Recall ID # 09E012000 - EXTERIOR LIGHTING - Get Details

Recall Date: APR 07, 2009
Component: EXTERIOR LIGHTING
Model Affected: NAVIGATOR
Potential Units Affected: 16270

⊟ Recall ID # 05V388000 - VEHICLE SPEED CONTROL - Hide Details

Recall Date:
SEP 07, 2005

Model Affected:
1998 LINCOLN NAVIGATOR

Summary:
ON CERTAIN PICKUP TRUCKS AND SPORT UTILITY VEHICLES EQUIPPED WITH SPEED CONTROL, THE SPEED CONTROL DEACTIVATION SWITCH MAY OVERHEAT, SMOKE, OR BURN.

Consequence:
A FIRE AT THE SWITCH COULD OCCUR.

Remedy:
BY LETTER DATED SEPTEMBER 12, 2005, OWNERS WERE INSTRUCTED TO RETURN THEIR VEHICLES TO THEIR DEALERS TO HAVE THE SPEED CONTROL DEACTIVATION SWITCH DISCONNECTED. OWNERS WHO HAVE HAD THEIR SPEED CONTROL DEACTIVATED ARE BEING NOTIFIED THAT PARTS WILL BE AVAILABLE AND ADVISED TO MAKE AN APPOINTMENT TO RECONNECT THE SPEED CONTROL BEGINNING IN FEBRUARY 2006. OWNERS WHO DID NOT HAVE THEIR SPEED CONTROL DEACTIVATED ARE BEING NOTIFIED TO HAVE THEIR SYSTEM REMEDIED BEGINNING IN FEBRUARY 2006. OWNERS ARE URGED TO AVAIL THEMSELVES OF THE FREE DISCONNECT SERVICE AS SOON AS POSSIBLE BECAUSE OF THE SIGNIFICANT RISK OF FIRE. OWNERS MAY CONTACT FORD AT 1-800 -392-3673. (NOTE: ALSO SEE RECALLS 05V017 AND 06V286)

Potential Units Affected:
4500000

Notes:
FORD MOTOR COMPANY 05S28

⊞ Recall ID # 00V073000 - TRAILER HITCHES - Get Details

Recall Date: MAR 07, 2000
Component: TRAILER HITCHES
Model Affected: NAVIGATOR
Potential Units Affected: 565800

B Location*

☐ 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.

Census Tract [ ] - [ ]

☐ Street address
☒ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost: [ ] Prefix: [S] Street or Highway: [28TH] Street Type: [ST] Suffix: [ ]

Apt./Suite/Room: [ ] City: [LOUISVILLE] State: [KY] Zip Code: [40211] - [ ]

Cross street or directions, as applicable: [W BROADWAY]

C Incident Type *

[131] [Passenger vehicle fire]

ncident Type

D Aid Given or Received*

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID: [ ] Their State: [ ]

Their Incident Number: [ ]

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	12	06	2008	12:59:10
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	12	06	2008	13:02:22
CONTROLLED Optional, Except for wildland fires				
☒ Controlled	12	06	2008	13:08:22
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	12	06	2008	13:32:31

E2 Shift & Alarms

Local Option

Shift or Platoon: [3] Alarms: [01] District: [1]

E3 Special Studies

Local Option

Special Study ID#: [ ] Special Study Value: [ ]

F Actions Taken *

[11] [Extinguishment by fire]
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	0001	0004
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.

Property $ [ ] , [007] , [000] ☐ None

Contents $ [ ] , [000] , [500] ☐

PRE-INCIDENT VALUE: Optional

Property $ [ ] , [007] , [000] ☐

Contents $ [ ] , [000] , [500] ☐

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 evauation 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
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

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
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
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 [965]

[Vehicle parking area]

NFIRS-1 Revision 03/11/99

FDID *	State *	MM	DD	YYYY	Incident Date *	Station	Incident Number *	Exposure *		NFIRS -2 Fire
56290	KY	12	06	2008		E17	08-0032039	000	☐ Delete ☐ Change ☐ No Activity	

B Property Details

B1 ☒ 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
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.

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 83 Engine area, running
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

☒ None

UU Undetermined
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 envolved

1 ☐ Male 2 ☐ Female

F1 Equipment Involved In Ignition

☐ None If Equipment was not involved, Skip to Section G

UUU Undetermined
Equipment Involved

Brand
Model
Serial #
Year

F2 Equipment Power

UU Undetermined
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

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

LI Lincoln
Mobile property make

Navigator
Moblie property model

1998
Year

[redacted]
License Plate Number

KY
State

5LMPU28L8WL[redacted]
VIN Number

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 | 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 | Street Type | Suffix

Post Office Box | Apt./Suite/Room | City

State | Zip Code

L Remarks

Local Option

12/06/2008 16:33:31 dbballard

S-17 dispatched on auto fire at 28th and Broadway. Upon arrival found auto on fire in parking lot of Krogers near fueling station. S-17 laid 13/4" hoseline to vehicle and used booster tank to extinguish fire. Owner of vehicle was on scene. He stated that he had just got done fueling vehicle when he began to drive away, he notice smoke coming from under the hood. He stated that he stopped the vehicle and turned the engine off. Fire department was called. Owner denied having any work done recently to vehicle, other than a brake job about one week ago. He stated that it had been driving normal before fire. Most of damage was confined to engine compartment. S-17 continued to wet down vehicle and overhauled the vehicle. Owner called company to tow vehicle away. S-17 back in service.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
16947	BALLARD, DAVID B	SGT	E17	12	06	2008

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	16947	BALLARD, DAVID B	SGT	E17	12	06	2008

Claim # 17-9657-537


1

Office of the General Counsel

Ford Motor Company
Claims Department
P.O. Box 70
Dearborn, MI 48121-0070

August 18, 2009

[redacted]
LOUISVILLE, KY [redacted]

RE: 1998 Navigator
VIN: 5LMPU2818WL[redacted]
Case: 443041819

Dear [redacted]

We apologize for the typographical error with your vehicle in the previous letters sent. Here is a rewrite of that letter with the correct vehicle information.

We sincerely regret the circumstances you described. We believe State Farm has paid out fair market value for your vehicle and Ford Motor Company will not pay above and beyond what that value is. This situation must be handled by your insurance carrier, which has the right to file a subrogation claim against Ford Motor Company if it chooses to pursue the matter. Unfortunately, we are unable to offer assistance beyond that covered by your insurance policy.

Please be advised that all necessary steps should be taken to ensure that the subject vehicle and all of its component parts are maintained and preserved for trial, should litigation ensue from this informal claim. Ford Motor Company has the right to inspect the vehicle and remove and test any component part that you claim to be defective, and to be presented with the vehicle and the subject component part(s) at the time of trial.

We appreciate the opportunity to review your request.

Respectfully yours,

Beth Martyniak
Legal Analyst- OGC Product Litigation