



OCT 20 2009

U.S. Department  
of TransportationNational 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

15-SEP-2009

Repository Reference No.  
10283986

## OWNER INFORMATION (Type or Print)

Name

Address

City

NORTHFIELD

State

NJ

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

## VEHICLE INFORMATION

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

1MELM58S4TA

Make

MERCURY

Model

SABLE

Model Year

1996

Date Purchased

11/19/01

Dealer's Name and Telephone Number

Auto Plaza Inc.

609-646-2447

Engine:

No: Cylinders

Fuel Type:

Gasoline

Original Owner

Dealer's City

Egg Harbor Township

State

NJ

Zip Code

08234

6

Transmission Type

Automatic

 Antilock Brakes Cruise Control

Powertrain

Multiple Failure:

Incident Date(s)

11-SEP-2009

## FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 110000 ELECTRICAL SYSTEM

Failure Mileage

140000

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: DOTM9ABC036)

 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).

\*THE CONTACT OWNS A 1996 MERCURY SABLE WAGON. THE CONTACT STATED THAT SHE PARKED HER VEHICLE AT 6:30 PM AND WITHIN MINUTES, THE VEHICLE WAS ENGULFED IN FLAMES. THERE WERE NO INJURIES. THE FIRE DEPARTMENT EXTINGUISHED THE FIRED AND STATED THAT IT WAS AS ELECTRICAL FIRE. A FIRE REPORT IS AVAILABLE IF NEEDED. THE MANUFACTURER WAS NOT NOTIFIED. THE INSURANCE HAS NOT ADVISED THE CONTACT IF THE VEHICLE WAS DESTROYED OR NOT. AN INSURANCE ADJUSTER WILL PROVIDE THE FINDINGS AS SOON AS POSSIBLE. THE FAILURE MILEAGE WAS 140,000.

The car had been parked in driveway 9/10/09 3:30 pm, the next day at 6:30 pm the car caught fire, It has been not used at all that day.

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)**

on 9-11-09 at 6:30 pm I smelled wires burning strong  
odor. We looked out front door did not see anything went to  
side driveway window saw the car smoking called my husband  
from out back and called 911. The fire trucks came  
and then put the fire out and they said it was  
electrical fire. The police were there on the scene.  
called Ford to report the fire. There is fire report  
& police report. Insurance company totaled car.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

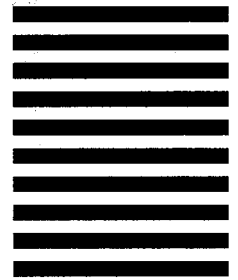
**National Highway  
Traffic Safety  
Administration**

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**

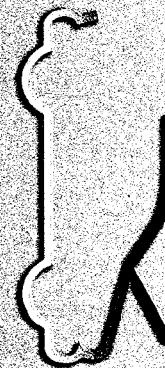
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

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**



**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**



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



1037109

# CERTIFICATE OF TITLE

PREFIX 2 IDENTIFICATION NUMBER 1MELM 58S4T SUFFIX YEAR 1996 MAKE MER MODEL SAB BODY TYPE WAGON

TYPE OF TITLE DUPLICATE DUPLICATE NO. 01 GVW/WC/LGTR 7 COLOR/MTLHP GN DEALER I.D. AXLES/PROP 2 FUEL

FEE 25.00 ISSUE DATE 12-26-2001 VIN-REPLACEMENT MILEAGE 67090 STATUS A

OWNER(S) [REDACTED]  
NORTHFIELD NJ [REDACTED]  
[REDACTED]

F-FLOOD S-SALVAGE  
P-POLICE T-TAXI  
L-LEMON LAW  
A-ACTUAL MILEAGE  
N-NOT THE ACTUAL MILEAGE  
M-MILEAGE EXCEEDS THE MECHANICAL LIMITS  
NUMBER OF OWNERS: 2  
NUMBER OF LIENHOLDERS: 1

I, THE DIRECTOR OF MOTOR VEHICLES, DEPARTMENT OF TRANSPORTATION OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY THAT EVIDENCE OF PURCHASE OF OWNERSHIP, IN COMPLIANCE WITH THE LAWS OF THE STATE OF NEW JERSEY, OF THE DESCRIBED ARTICLE, HAS BEEN RECORDED AND FILED WITH ME, AND I DO HEREBY ISSUE THIS CERTIFICATE OF OWNERSHIP SUBJECT TO SECURITY AGREEMENT OR LIEN, IF ANY AS STATED.

CONTROL NUMBER 7954586

*Diana Legiende*  
SIGNATURE

State of New Jersey  
DIVISION OF MOTOR VEHICLES



SECOND LIENHOLDER

DATE 12-26-2001  
80634 72310 80090  
SLM FINANCIAL CORP  
421 S RT 73 STE 4  
BERLIN NJ 08009

FIRST LIENHOLDER

LIEN RELEASED BY:

SIGNATURE: *Encumbrance Satisfied*  
this 10th day of September 2005  
TITLE DATE

LIEN RELEASED BY:

SIGNATURE: *Robert Parker*  
SLM Financial Corporation  
TITLE DATE

RW V320031260111

ISM/SS-1 (R8/02)

## VOID IF ALTERED

↑ FOLD AND TEAR AT PERFORATION ↑

THIS IS A RECEIPT DOCUMENT ONLY

VIN: 2 1MELM58S4TA [REDACTED] MILEAGE: 67090 A DUP:01 STATUS:  
MER 1996 WAGON SAB GN 7 AXLE:2

[REDACTED]  
TITLE D : 25.00  
SALES TAX :  
TOTAL : 25.00  
LIENHOLDER(S)  
80634 72310 80090  
SLM FINANCIAL CORP  
421 S RT 73 STE 4  
BERLIN NJ 08009

NORTHFIELD NJ [REDACTED]  
RW V320031260111 25.00 D DUPLICATE  
CO-OWNER(S)

STATE OF NEW JERSEY

CUSTOMER COPY

7954586

Quote Sheet

AUTO PLAZA INC.

6122 BLACK HORSE PIKE  
EGG HARBOR TWP, NJ 08234  
609-646-2447

Date: 11/17/01

Customer:

[REDACTED]  
PLEASANTVILLE, NJ [REDACTED]

Vehicle:

1996 MERCURY SABLE  
Stock # 606743  
Color GREEN  
Body WGN  
Cyls 6  
Mileage 67090  
VIN 1NELM58S4TA [REDACTED]

Trade:

1984 OLDS CUTLASS

Sales Info:

Price	8000.00
Trade -> Allowance	500.00
Payoff	0.00
Cash Down	800.00
ESP, Fees & Insurance	1192.50
Taxes	509.70
Amount Financed	8402.20
48 Monthly Payments of	237.91

Good Until: 11/17/01

# Detail Call For Service Report

Print Date/Time: 09/15/2009 08:59

Login ID: jheller

From CFS: 130

Layer: All

Areas: All

To CFS: 130

AgencyType: All

CFS Type: All

Call For Service Number: 130

Call Date/Time: 09/11/09 18:59:00

Location: 414 NORTHFIELD AVE  
NORTHFIELD Northfield

Dispatch Time: 09/11/09 19:00:08

Additional Location Information:

Arrive Time: 09/11/09 19:02:03

Common Name:

Clear Date/Time: 09/11/09 20:20:45

Phone: (609)272-8064

Nature Of Call:

Created By: Dispatcher 15970

Call Type: FIREV

Report Required: No

Canceled: No

Status: In Progress

Priority: 1

Source: 911

Police ORI: NJ0011800

EMS ORI: E0118

Fire ORI: 01180

## Person Information

Name	Person Type	Address	Phone	Race	Sex	DOB	Age	SSN
[REDACTED]	E911 Caller	[REDACTED]	[REDACTED]					
[REDACTED]	Witness	[REDACTED]	[REDACTED]			07/14/87	22	
[REDACTED]	Victim	[REDACTED]	[REDACTED]	White	Female	10/01/68	40	

## Vehicle Information

Vehicle Type: Automobiles  
(Cars/Trucks/Cycles)

Make: Mercury

Model: Sable

Year: 1996

Style: Wagon

VIN: 1MELM58S4TA [REDACTED]

Condition: Used

Color: Green

Plate Type: Passenger

Plate: [REDACTED]

Plate State: NJ

Reg. Year:

Description:

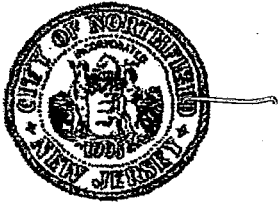
## Narrative, Questionnaire Response, TDD Text

Create Time	Created By	Narrative
09/11/09 18:59:00	Dispatcher 15970	E911 Info - Class of Service: RESD Special Response Info: PSAP Name: NORTHFIELD PD 609 LAW: NORTHFIELD PD 609 641-3122 FIRE: NORTHFIELD FD 609 641-3122 EMS: NORTHFIELD RS 609 641-3122
09/11/09 18:59:22	Dispatcher 15970	VEH NEXT TO HOUSE
09/11/09 19:04:47	Dispatcher 15958	REPORTING SMOKE SHOWING
09/11/09 19:11:26	Dispatcher 15958	SITUATION UNDER CONTROL AT 1910
09/11/09 19:31:15	Dispatcher 15958	HOMEOWNER WILL HAVE THE VEHICLE TOWED BY AAA
09/11/09 20:12:12	Gaetano DiMarco	REGISTERED OWNER (MOORE) STATED SHE DETECTED THE ODOR OF SMOKE, THEN REALIZED HER VEHICLE WAS ON FIRE. MOORE STATED HER VEHICLE HAS NOT THE DRIVEWAY SINCE THURSDAY SEPT. 10 AT 3PM.
09/11/09 20:20:30	Gaetano DiMarco	Deputy Chief R. Leeds discovered a mechanical failure in a wiring harness.

## Dispositions

Disposition  
FIN

Disposition Count  
1



State of New Jersey  
City of Northfield  
GOVERNMENT RECORDS REQUEST FORM



1600 Shore Road  
Northfield, NJ 08225  
Phone: (609) 641-2832  
Fax: (609) 646-7175  
Website: www.cityofnorthfield.org

**Important Notice**

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

**Requestor Information - Please Print**

First Name [redacted] MI [redacted] Last Name [redacted]  
 Company \_\_\_\_\_  
 Mailing Address [redacted]  
 City Northfield State NJ Zip [redacted] Email [redacted]  
 Business Hours Telephone: Area Code [redacted] Number [redacted] Extension \_\_\_\_\_  
 Preferred Delivery: Pick Up  US Mail \_\_\_\_\_ On Site Inspect \_\_\_\_\_  
 Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.  
 Signature [redacted] Date 09/15/09

**Payment Information**

Maximum Authorization Cost \$ \_\_\_\_\_  
 Select Payment Method  
 Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_  
 Fees: Pages 1-10 @ \$0.75  
 Pages 11-20 @ \$0.50  
 Pages 21 - @ \$0.25  
 Delivery: Delivery / postage fees additional depending upon delivery type.  
 Extras: Extraordinary service fees dependent upon request.

**Record Request Information:** To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

*fine report 9/11/09  
At 414 Northfield Ave.*

**COPY**

**AGENCY USE ONLY**

Est. Document Cost \_\_\_\_\_  
 Est. Delivery Cost \_\_\_\_\_  
 Est. Extras Cost \_\_\_\_\_  
 Total Est. Cost \_\_\_\_\_  
 Deposit Amount \_\_\_\_\_  
 Estimated Balance \_\_\_\_\_  
 Deposit Date \_\_\_\_\_

**AGENCY USE ONLY**

**Disposition Notes**  
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open 9/15/09  
 Denied - Closed \_\_\_\_\_  
 Filled - Closed 9/15/09  
 Partial - Closed \_\_\_\_\_

**AGENCY USE ONLY**

**Tracking Information**

Tracking Information		Final Cost	
Tracking #	_____	Total	\$ <u>1.16</u>
Rec'd Date	<u>9/15/09</u>	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	<u>1.16</u>

Records Provided  
*fine report # 100170*

Custodian Signature \_\_\_\_\_ Date \_\_\_\_\_

COPY

NORTHFIELD FIRE DEPARTMENT  
FIRE INCIDENT REPORT

										<input type="checkbox"/> Delete <input type="checkbox"/> Change						
A	FDID	INCIDENT NO.	EXP. NO.	MO.	DAY	YR.	DAY OF WEEK	7DS	ALARM TIME	ARRIVAL TIME	BACK-IN SERVICE					
	10	011181	100170	09	11	09	10S 30T 50T 20M 40W 8DF	6	1901	1902	1945					
B	*TYPE OF SITUATION FOUND			*IGNITION FACTOR			*TYPE OF ACTION TAKEN			MUTUAL AID						
	11 <input type="checkbox"/> Structure fire 12 <input type="checkbox"/> Outside fire w/value 13 <input type="checkbox"/> Vehicle fire 14 <input type="checkbox"/> Brush, grass, leaves 15 <input type="checkbox"/> Trash, rubbish 16 <input type="checkbox"/> Explosion, no after fire 17 <input type="checkbox"/> Outside spill with fire 22 <input type="checkbox"/> Air/Gas rupture 29 <input type="checkbox"/> Overpressure rupture 32 <input type="checkbox"/> Emergency medical call			33 <input type="checkbox"/> Locked-in, trapped 34 <input type="checkbox"/> Search 35 <input type="checkbox"/> Extraction 39 <input type="checkbox"/> Rescue-not classified 41 <input type="checkbox"/> Spill, leak-no fire 44 <input type="checkbox"/> Power line down 45 <input type="checkbox"/> Arcing electric equipment 46 <input type="checkbox"/> Aircraft standby 47 <input type="checkbox"/> Chemical spill 49 <input type="checkbox"/> Hazardous condition			51 <input type="checkbox"/> Lock-out 52 <input type="checkbox"/> Water removal 53 <input type="checkbox"/> Smoke removal 55 <input type="checkbox"/> Assist police 56 <input type="checkbox"/> Unauthorized burning 57 <input type="checkbox"/> Move-up 59 <input type="checkbox"/> Other service calls 61 <input type="checkbox"/> Smoke, soot 63 <input type="checkbox"/> Controlled burn 65 <input type="checkbox"/> Steam, gas mistaken for smoke			71 <input type="checkbox"/> Malicious false 72 <input type="checkbox"/> Bomb scare 73 <input type="checkbox"/> Alarm malfunction 74 <input type="checkbox"/> Unintentional false 99 <input type="checkbox"/> Unclassified ___ <input type="checkbox"/> Other (list no.)			1 <input type="checkbox"/> Extinguishment 2 <input type="checkbox"/> Rescue 3 <input type="checkbox"/> Investigation only 4 <input type="checkbox"/> Remove hazard 5 <input type="checkbox"/> Standby 6 <input type="checkbox"/> Salvage 7 <input type="checkbox"/> Ambulance service 8 <input type="checkbox"/> Fill in, move up, transfer 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		1 <input type="checkbox"/> Rec'd 2 <input type="checkbox"/> Given	
C	*FIXED PROPERTY USE (Occupancy)			*IGNITION FACTOR			*TYPE OF ACTION TAKEN			MUTUAL AID						
	218 <input type="checkbox"/> Elementary School 411 <input type="checkbox"/> 1 Family 414 <input type="checkbox"/> 2 Family, Year-Round 915 <input type="checkbox"/> Vacant Property 551 <input type="checkbox"/> Open Land, Field 961 <input type="checkbox"/> Limited Access Highway			11 <input type="checkbox"/> Incendiary 21 <input type="checkbox"/> suspicious 31 <input type="checkbox"/> abandoned materials 33 <input type="checkbox"/> falling asleep 34 <input type="checkbox"/> uncontr. open fire 35 <input type="checkbox"/> cutting, welding			36 <input type="checkbox"/> children playing 37 <input type="checkbox"/> drugs, alcohol use 41 <input type="checkbox"/> fuels, spilled 46 <input type="checkbox"/> combust. too close 47 <input type="checkbox"/> improper storage 51 <input type="checkbox"/> part failure, leak 54 <input type="checkbox"/> short circuit			55 <input type="checkbox"/> other elec. fault 56 <input type="checkbox"/> lack of maint. 57 <input type="checkbox"/> backfire 64 <input type="checkbox"/> installation defic. 65 <input type="checkbox"/> property too close 71 <input type="checkbox"/> collision 73 <input type="checkbox"/> unattended			74 <input type="checkbox"/> overloaded 82 <input type="checkbox"/> rekindled 00 <input type="checkbox"/> undetermined			
D	CORRECT ADDRESS			ZIP CODE			CENSUS TRACT			ROOM OR APT.						
E	11			12			13			14						
F	OWNER LAST NAME			ADDRESS			TELEPHONE									
G	METHOD OF ALARM, FROM PUBLIC			COMPANY INSPECTION DISTRICT			SHIFT			NO. ALARMS						
	1 <input type="checkbox"/> Telephone direct 2 <input type="checkbox"/> Municipal alarm system 3 <input type="checkbox"/> Private alarm system			4 <input type="checkbox"/> Radio 5 <input type="checkbox"/> Verbal 6 <input type="checkbox"/> No alarm rec'd. 7 <input type="checkbox"/> Tie-line (911)			8 <input type="checkbox"/> Voice signal municipal alarm signal 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported			7 10017 13 11						
H	NO. FIRE SERVICE PERSONNEL RESPONDING			NO. ENGINES RESPONDING			NO. AERIAL APPARATUS RESPONDING			NO. OTHER VEHICLES RESPONDING						
	10114			0103			0100			1002						

COMPLETE ON ALL INCIDENTS  
COMPLETE IF CASUALTY  
COMPLETE FOR ALL FIRES  
COMPLETE IF STRUCTURE FIRE

I	20	NO. INCIDENT-RELATED INJURIES (COMPLETE NFIRS 3)	NO. INCIDENT-RELATED FATALITIES (COMPLETE NFIRS 3)
		FIRE SERVICE	OTHERS

J	*COMPLEX			*MOBILE PROPERTY TYPE (COMPLETE LINE 5)		
	11 <input type="checkbox"/> amusement/recreation 20 <input type="checkbox"/> education 40 <input type="checkbox"/> business with residential			11 <input type="checkbox"/> Auto 21 <input type="checkbox"/> Truck, Over 1 Ton 22 <input type="checkbox"/> P/U Truck		
K	*AREA OF FIRE ORIGIN			*EQUIPMENT INVOLVED IN IGNITION IF ANY (COMPLETE LINE 7)		
	21 <input type="checkbox"/> sleeping room 24 <input type="checkbox"/> kitchen/cooking areas 46 <input type="checkbox"/> trash area/container			11 <input type="checkbox"/> central heating unit 13 <input type="checkbox"/> wood stove 21 <input type="checkbox"/> fixed surface unit		
L	*FORM OF HEAT OF IGNITION (HEAT SOURCE)			*TYPE OF MATERIAL IGNITED (COMPOSITION)		
	12 <input type="checkbox"/> heat/gas fuel eqpt. 16 <input type="checkbox"/> heat from solid fuel 24 <input type="checkbox"/> short circuit			23 <input type="checkbox"/> gasoline 54 <input type="checkbox"/> grass, leaves 63 <input type="checkbox"/> sawn wood		
M	METHOD OF EXTINGUISHMENT			LEVEL OF FIRE ORIGIN		
	1 <input type="checkbox"/> Self-extinguished 2 <input type="checkbox"/> Make-shift aids 3 <input type="checkbox"/> Portable extinguisher 4 <input type="checkbox"/> Automatic ext. system			1 <input type="checkbox"/> Grade level to 9 ft. 2 <input type="checkbox"/> 10 to 19 feet 3 <input type="checkbox"/> 20 to 29 feet 4 <input type="checkbox"/> 30 to 49 feet		

N	NUMBER OF STORIES			CONSTRUCTION TYPE		
	1 <input type="checkbox"/> 1 story 2 <input type="checkbox"/> 2 stories 3 <input type="checkbox"/> 3 to 4 stories			1 <input type="checkbox"/> Fire resistive 2 <input type="checkbox"/> Heavy timber 3 <input type="checkbox"/> Protected non-combustible		
O	EXTENT OF DAMAGE			SPRINKLER PERFORMANCE		
	Confined to object of origin Confined to area of origin Confined to room of origin			1 <input type="checkbox"/> Equipment operated 2 <input type="checkbox"/> Equipment should have operated-did not 3 <input type="checkbox"/> Equipment pres. but fire too small to oper. 4 <input type="checkbox"/> No equipment present (N/A)		
P	DETECTOR PERFORMANCE			AVENUE OF SMOKE TRAVEL		
	1 <input type="checkbox"/> Det in room or space of fire origin-oper. 2 <input type="checkbox"/> Det not in room or space of fire origin-oper. 3 <input type="checkbox"/> Det in room or space of fire origin-no oper. 4 <input type="checkbox"/> Det not in room or space of fire origin-no oper.			1 <input type="checkbox"/> Air handling duct 2 <input type="checkbox"/> Corridor 3 <input type="checkbox"/> Elevator shaft		
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN			FORM OF MATERIAL GENERATING MOST SMOKE		
	31 <input type="checkbox"/> Fat/Grease (food) 57 <input type="checkbox"/> Food/Starch 63 <input type="checkbox"/> Wood			00 <input type="checkbox"/> Unknown ___ <input type="checkbox"/> Other (list no.)		
R	FORM OF MATERIAL GENERATING MOST SMOKE			AVENUE OF SMOKE TRAVEL		
	17 <input type="checkbox"/> Structural members 21 <input type="checkbox"/> Chair/Seat			51 <input type="checkbox"/> Elect. wire insulation 75 <input type="checkbox"/> Rubbish/Trash		

S	IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO. (IF ANY)
	30	1996	Mercury	Sable	21ME1M5854TA	
T	IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.	
	40					
U	OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT)				PHONE	DATE
	Robert Leeds, Dep. Chief I.C.				641-2832 x155	9/11/09
	MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)				PHONE	DATE
	Robert J. Swartz, Captain				641-2832 x135	9/14/09
V	FURTHER INVESTIGATION		REQUEST MADE TO		DEPARTMENT	ADDRESS
	REQUIRED DYES DNG					

\* ALL CODES NOT INCLUDED SEE HANDBOOK

Weather <b>RAIN</b>	Temperature <b>64°</b>	Wind Direction & Speed
------------------------	---------------------------	------------------------

Run Number **00170** County Run No. \_\_\_\_\_ Officer in Charge **Dep. Chief Leeds**  General  Silent  O

EQUIPMENT USED	PUMPERS USED		PUMP TIME	LADDER TRUCKS	HOSE USED
	1.	2.	Hours - Min	1.	Booster
Nozzle Ejectors _____	<b>E-64</b>				1 1/2-1 3/4"
Water Vacs _____	<b>E-65</b>				2 1/2" - 3"
Combs _____	<b>E-67</b>				4" - 6"
Tools _____					Other _____
Ladders _____					SPECIAL VEHICLES USED 1. <b>C-62</b> 3. _____ 2. <b>J-66</b> 4. _____
Water Tanks _____					
Fire Packs _____					
Salvage Covers _____					

SPECIAL EQUIPMENT USED: \_\_\_\_\_

MEMBERS RESPONDING:  
**See sigs in sheet**


REMARKS: **See Attached** TOTAL MANPOWER: **14**

**Cause: Electrical malfunction WITHIN THE WIRING HARNESS IN ENGINE COMPARTMENT PASSENGER SIDE**

SUPPRESSIONS SYSTEMS IN STRUCTURE? (Sprinklers - Others) Explain in your own words.

**RAINBOW TIRE AND SERVICE**  
 9340 NIAGARA FALLS BLVD.  
 NIAGARA FALLS NY 14304  
 716-297-5207

*most Recent Repair.*

THANK YOU FOR YOUR BUSINESS  
 NEW YORK STATE FACILITY NUMBER 7089537

7/21/2009 10:52 AM

Repair Order #22147

Day Phone [REDACTED]

Vehicle : 1996 Mercury Sable 3.0 L 183 CID V6 DOHC  
 VIN : 1MELM58S4TA [REDACTED]  
 Created : 7/18/2009 10:11:46 AM

Last Mileage : 0  
 Odometer In : 145930  
 Odometer Out : 145930

**Labor/Notes**

Qty	Code/Tech*	Reference	Description	Unit Price	Price
0.6	15*	GUIDE	ALTERNATOR DRIVE BELT - R&R	\$79.88	\$47.93
Includes: Serpentine and V-Belt types.					
5	15*	GUIDE	A/C COMPRESSOR - R&R	\$79.88	\$399.40
NOTE 1: Times shown DO NOT include recover, evacuate and charge system. If necessary to open refrigerant system; refer to System Charge (Complete) for appropriate time. NOTE 2: Times listed are for Factory and Dealer dash installed					
1	15*	A/C	CHARGE THE A/C SYSTEM	\$89.95	\$89.95
1	15*	COOLANT FLUSH	FLUSHED THE COOLANT SYSTEM OUT AND TOPED	\$32.95	\$32.95
-	-	NOTE			
TOW IN.					

**Parts**

Qty	Code/Tech*	Reference	Description	Condition	Unit Price	Price
2	-	COOLANT	RAYTEK UNIVERSAL YELLOW COOLANT	New	\$12.95	\$25.90
1	-	25-060750	SERPENTINE BELT	New	\$54.95	\$54.95
1	-	660-1814	A/C COMP BY-PASS PULLEY	New	\$59.95	\$59.95

Note: M - Labor Database, Copyright, Mitchell International, All Rights Reserved

Labor	\$570.23
Parts	\$140.80
Sublet/Misc.	\$0.00
Shop Supplies	\$2.50
Charges	\$0.00
Sales Tax	Tax @ \$713.53 * 8.0000%
<b>Repair Total</b>	<b>\$770.61</b>

Tech 15 Certification #

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express garagekeeper's lien is hereby acknowledged on above vehicle to secure the amount or repairs thereto. All Vehicles left over 48 hrs. after repairs are completed WILL INCUR A \$5.00 PER DAY STORAGE FEE. 12 Month or 12,000 Mile Warranty On Repairs.

Customer Signature \_\_\_\_\_

10/06/09

To whom it may concern:

We had to replace the Transmission  
2 x's. After the car fire we found  
the recalls on the car. We never  
got any recall notices in mail  
nor did not get any phone calls  
about recalls.



Customer Service 1-800-669-8488

8/05  
ST  
Transmission

Billing Cycle Closing Date	Account Balance	Total Credit Line	Available Credit Line	Cash Access Line	Available C	
08/27/05	\$3,532.74	\$10,550.00	\$7,017.26	\$2,110.00	\$2,110.0	
Amount Over Credit Line	Amount Past Due	Current Minimum Due	Total Minimum Due		Payment Due	
\$0.00	+	\$0.00	+	\$0.00	=	\$0.00
						09/24/0

**Account Summary**

Previous Balance	\$999.03
Payments & Credits	\$50.00
Purchases & Debits	\$2,534.75
Other Charges	\$0.00
<b>FINANCE CHARGES</b>	<b>\$48.96</b>
Account Balance	\$3,532.74

WHAT CAR WOULD YOU DRIVE TO THE BEACH, THE KIDS BASEBALL GAMES OR THE GROCERY STORE? FOR DETAILS, VISIT [WWW.MASTERCARD.COM/CARS](http://WWW.MASTERCARD.COM/CARS). JULY 1 THROUGH SEPTEMBER 15, 2005.

pd 50.00  
9/12/05 CK#

**Current Activity**

Trans Date	Post Date	Description	Charge Credits
07-26	07-28	HERSHEYPARK RETAIL HERSHEY PA	\$45.
07-26	07-28	HERSHEYPARK RETAIL HERSHEY PA	\$10.
07-27	07-29	STRASBURG RAIL ROAD CO STRASBURG PA	\$39.
07-27	07-29	RUE 21/163 HERSHEY PA	\$13.
07-28	07-30	CRYSTAL CAVE KUTZTOWN PA	\$34.
07-29	07-30	POCONO INDIAN MUSEUM EAST STROUDSBPA	\$25.
07-31	08-01	JUST FOUR WHEELS ABSEC GALLOWAY NJ	\$395.
08-01	08-02	STB TRANSMISSIONS NORTHFIELD NJ	\$1,687.
08-07	08-09	CVS PHARMACY #0809 003 EGGHARBOR TWINNJ	\$5.
08-09	08-10	BURLINGTON COA00002691 WAYNE NJ	\$168.
08-09	08-10	KOHL'S 0543 WAYNE NJ	\$25.
08-08	08-10	TILTON MARKET NORTHFIELD NJ	\$32.
08-11	08-12	D & J TIRE SALES HALEDON NJ	\$49.
08-26	08-26	PAYMENT - THANK YOU	-\$50.

CONGRATULATIONS! YOUR CREDIT LINE HAS BEEN INCREASED. NOW YOUR ACCOUNT HAS EVEN MORE VALUE WITH INCREASED BUYING POWER. PLEASE SEE YOUR AVAILABLE CREDIT AMOUNT.



2nd Transmission



**NORTHFIELD TRANSMISSION**

2320 New Road  
Northfield, NJ 08225  
(609) 641-6622

DATE: 9/13/06  
WRITTEN BY: [Signature]  
TOW IN: [ ]

FIRST NAME: [Redacted] LAST NAME: [Redacted] BUS. PHONE/EXT: [Redacted]  
 ADDR: [Redacted] RES. PHONE: [Redacted]  
 CITY: NORTHFIELD STATE/ZIP: NJ [Redacted]  
 YEAR: 96 MAKE: MERC MODEL: SABLE Wagon STATE/LICENSE NO: [Redacted] MILEAGE IN: 126284 MILEAGE OUT: 126288  
 CUSTOMER REMARKS: [Redacted]

CENTER REMARKS: VIN 1MELM5854TR [Redacted] 9/95 3.0 AX4N

GENERAL TRANSMISSION CHECK	NC	QTY.	PARTS & LABOR DESCRIPTION ALL PARTS ARE NEW EXCEPT AS NOTED	PRICE
Shipping			5000 TEST TO CHECK AX4N	
Oil Light Flashing			Scanner Check System	
			Drop TRANS PAN & CHECK	
			REMOVE AX4N TRANSAKLE	
9/13/06			TO OVERHAUL AND REINSTALL	105000
P.D. USE			1 MASTER OVERHAUL SET	21000
AD # 012484			1 TORQUE CONVERTER A	29500
			1 PLANET SHAFT & BEARING	7500
			1 BE PROGRAM SET	15000
			1 INTERNAL SUPPORT	7700
			1 EPCC SOL. NOIDS	7500
			3 SHIFT SOLENOIDS	6170
			1 TRANS FILTER	2000
			1 TRANS CONDITIONER	1000
			1 QTS TRANS FLUID	3600
			1 HOT FLUSH TRANS COOL	5500

Phone Authorization Date: [ ] By: [ ]

**NOTICE TO CUSTOMERS**  
 Unless specifically authorized or requested, transmission repairs carried out in this shop do not include repairs to any electronic component, controls or sensors in computer-controlled transmissions. Faulty automotive electronic controlled components (e.g. Computer Control Units, Actuators, Sensors, Solenoids) can cause malfunction, damage, or failure to electronically controlled transmissions.

The sole warranty for work described above will be 12 months or 12 thousand miles (which ever comes first). This repair facility guarantees parts and labor listed on this repair order for a period of time as described in this limited warranty. All implied warranties of merchantability and fitness for a particular purpose are limited to the duration period of this limited warranty.

This limited warranty is for the original purchases and is not transferable or enforceable by any other person.

Under no circumstances will this repair facility be liable to the customer for any incidental or consequential damages including but not limited to damages for loss of property, loss of vehicle use, loss of time, loss of income and profits, inconvenience or commercial loss.

I AUTHORIZE THE WORK STATED HEREIN ALONG WITH THE NECESSARY MATERIALS. I AGREE THAT YOU ARE NOT RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE ABOVE DESCRIBED VEHICLE OR ANY ARTICLES LEFT THEREIN IN CASE OF FIRE, THEFT OR ANY CAUSE BEYOND YOUR CONTROL OR FOR ANY DELAYS CAUSED BY UNAVAILABILITY OF PARTS OR IN PARTS SHIPMENT BY THE SUPPLIER OR TRANSPORTER. YOU AND/OR YOUR EMPLOYEES OR AGENTS MAY OPERATE THE SAID VEHICLE ON STREETS, HIGHWAYS AND ELSEWHERE FOR THE PURPOSE OF TESTING AND/OR INSPECTION. AN EXPRESS MECHANIC'S LEIN IS ACKNOWLEDGED ON SAID VEHICLE TO SECURE THE PAYMENT FOR YOUR WORK THEREON.

X [Redacted]

Phone Authorization Date: [ ] By: [ ]

Qiana Falls  
5000 TEST

List Price: 211618

Discount Price: 290000

TOTAL PARTS & LABOR: 214900

TAX: 1400

TOTAL: 216300