



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

OCT - 4 2011
22-AUG-2011

Repository

Reference No.
10421023

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City FALL RIVER State MA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

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
1D8HB58D54F [REDACTED] Make DODGE Model DURANGO Model Year 2004
Date Purchased 5-14-07 Dealer's Name and Telephone Number Elmwood Dodge 401-438-0400 Engine: 5.7 Hemi Fuel Type: No: Cylinders 8
Original Owner Dealer's City E. Providence State R.I. Zip Code 02914
Transmission Type Antilock Brakes Powertrain Multiple Failure: Incident Date(s) 07-AUG-2011
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 060000 ENGINE AND ENGINE COOLING Failure Mileage 77000 Failure Speed 0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036) Original Equipment Failure Location: Prior Repair
Tire Component Code [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 [REDACTED] Number of Deaths [REDACTED] 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).

TL* THE CONTACT OWNS A 2004 DODGE DURANGO. THE CONTACT STATED THAT THE VEHICLE WAS PARKED FOR APPROXIMATELY FIFTEEN MINUTES WHEN IT CAUGHT ON FIRE. THE FIRE AND POLICE DEPARTMENT APPEARED ON THE SCENE, BUT THE FIRE WAS EXTINGUISHED BEFORE THEIR ARRIVAL. THE CONTACT STATED THAT THE FIRE ORIGINATED NEAR THE DASHBOARD AREA. THE VEHICLE WAS TOWED TO THE CONTACT'S HOME AND THEN TO AN AUTHORIZED DEALER. THE CONTACT WAS NOT YET AWARE OF THE CAUSE OF FAILURE. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND SENT AN INVESTIGATOR TO EXAMINE THE VEHICLE. THE FAILURE AND CURRENT MILEAGES WERE 77,000.

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.



Department of Fire Services

Office of the State Fire Marshal

P.O. Box 1025, State Road, Stow, Massachusetts 01775

Burned/Recovered Motor Vehicle Report

Fire Department: FRD FDID#: 05075

Incident Number: 11-2844-1a Date: 8/7/14

This report must be completed fully in accordance with M.G.L. c. 175, § 113O; and M.G.L. c. 266, § 29 B.

I hereby report to the above named Fire Department that the following motor vehicle was burned in the City/Town of

Owned by: [Redacted]

Address: [Redacted] City/Town/State: Mill River MA Phone Number: [Redacted]

Reported by: [Redacted]

Address: [Redacted] City/Town/State: Mill River MA Phone Number: [Redacted]

Location of Fire: Walmart 374 W. Scanning Blvd 87-11 6:12 p.m.

Motor Vehicle: 2004 Dodge Durango Limited White

Registration Number: [Redacted] State: MA Vehicle Identification Number: 1D8HB58A54E [Redacted]

Was the Vehicle Registered? [X] Yes [] No Keys in the Vehicle? [] Yes [X] No Doors Locked? [] Yes [X] No Fire Insurance Coverage? [] Yes [X] No Insurance Agent: Insurance Company:

Further Information will be required by the Fire Department Form FP-33D

Oath of Affirmation

I hereby swear or affirm under penalty of perjury that the information I have provided herein is truthful and correct.

To be signed by the owner of record: [Redacted]

Do not write below these lines - Fire Authority only.

Name of Person Taking Report: Capt. Amy Roy Date/Time: 9/9/14/1400

Stolen Report Made? [] Yes [X] No Where: Date/Time:

Incident #: 11-2844-IN Exp. 0

Remarks

responded to vehicle fire at walmart, canning blvd.

vin # 1d8hb58d54f [REDACTED]

Ma Reg [REDACTED]

Dodge Durango

[REDACTED]
Fall River MA

Arbella Mutual

People and Entities Involved Type Sex Age Home # Work

1

State

Critical incident: No

Incident #: 11-2844-IN Exp. 0

Call #: 11-50862

Location: WALMART
374 WILLIAM S CANNING BLVD
FALL RIVER, MA 02721

District: Fire District 22

Officer In Charge: Cateon, Stephen on 08/07/2011
Report By: Cateon, Stephen on 08/07/2011
Approved By: Cateon, Stephen on 08/07/2011

Basic Incident Information

Incident Type: Passenger vehicle fire
Property Use: Street, other
Actions Taken: Provide apparatus
Standby
HazMat Release: None

Owner: WALMART
PHIL AGRELA
374 WILLIAM S CANNING BLVD
Fall River, MA
Phone #: 401-231-1089

Property Loss: \$10000
Contents Loss: Undetermined

Pre-Incident Value: \$10000
Pre-Incident Value: Undetermined

Resources Used Summary

Alarm: 08/07/2011 @ 1812
Cleared: 08/07/2011 @ 1833

Arrived: 08/07/2011 @ 1818

Alarms: 1

Aid: None

Apparatus
Suppression: 3
EMS: 0
Other: 0

Personnel
Suppression: 0
EMS: 0
Other: 0

Casualties Summary

Deaths
Fire Service: 0
Civilian: 0

Injuries
Fire Service: 0
Civilian: 0