INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

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
FEB 22 2012	☐
21-OCT-2011	Reference No. 10432309

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City ROSEBORO	State NC	Zip Code [redacted]	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	Make	Model	Model Year
2C4GM684X4R[redacted]	CHRYSLER	PACIFICA	2004

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 16-JUL-2011 June

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 060000 ENGINE AND ENGINE COOLING	Failure Mileage	Failure Speed
	203000	30

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: 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:	
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			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 CHRYSLER PACIFICA. THE CONTACT WAS DRIVING 30 MPH WHEN SMOKE EMITTED UNDERNEATH THE HOOD. THE VEHICLE WAS DRIVEN ONTO THE SIDE OF THE ROAD. THE CONTACT CONFIRMED THAT THE VEHICLE WAS ON FIRE. THE POLICE AND FIRE DEPARTMENT WERE CALLED AND A POLICE REPORT WAS FILED. THE VEHICLE WAS NOT TOWED TO THE DEALER. THE MANUFACTURER WAS CONTACTED, AND THE VEHICLE WAS DESTROYED. THE FAILURE AND CURRENT MILEAGE WAS 203,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Claim [redacted]

ROSEBORO FIRE DEPARTMENT
INCIDENT REPORT

Date	INCIDENT #	ALARM TIME	ARRIVAL TIME	TIME LAST UNIT CLEARED
6/16/11	163	6:14	6:37	7:48

UNITS RESPONDING TO CALL		
[ ] 400 CHIEF VEHICLE	[ ] 431 PUMPER/TANKER	[ ] 441 BRUSH TRUCK
[ ] 421 TANKER	[✓] 432 PUMPER/TANKER	[ ] 445 AIR TRUCK
	[ ] 433 PUMPER/TANKER	

TYPE OF CALL			AID GIVEN	AID RECEIVED
[ ] 10-50	[ ] STRUCTURE	[ ] WOODS FIRE	YES / NO	YES / NO
[ ] FIRE ALARM	[X] VEHICLE FIRE	[ ] GRASS FIRE	M/A STATION ID #	M/A STATION INCIDENT #
[ ] TREE DOWN	[ ] SPILL / LEAK	[ ] SERVICE CALL		
	[ ] TRASH FIRE	[ ] BOMB THREAT		

Incident Location	Street Number	Street / Highway Name	City/State	Zip Code
	[redacted]	[redacted]	Roseboro	

INCIDENT INFORMATION	INCIDENT TYPE	ACTION TAKEN	WOODS FIRE CAUSE DETERMINED
	Vehicle Fire	Extinguished / Returned to Sta.	

STRUCTURE FIRE INFORMATION	Square Footage Building	$ PROPERTY DAMAGE	PROPERTY VALUE	$ CONTENTS DAMAGE	CONTENTS VALUE

FIRE ORIGIN	PROBABLE CAUSE	SMOKE DETECTOR YES / NO	NUMBER OF PERSONS INJURED

YEAR / MODEL OF VEHICLE	$ PROPERTY DAMAGE	$ PROPERTY VALUE	IF VEHICLE FIRE, GIVE CAUSE OF FIRE

RFD MEMBERS RESPONDING TO CALL

] 400 Bobby Owen	[ ] 411 Shelton Owens	[ ] 423 Jeremy Sessoms
] 401 Ray Clark Fisher	[ ] 412 Patrick Keene	[ ] 424 Larry Bailey
✓] 402 Keith Sessoms	[ ] 413 William Maness	[ ] 425 Jamie Farrell
] 403 Lee Coleman	[ ] 414 Alex Gibson	[ ] 426 Hugh Herring
✓] 404 Steve Ehrenfeld	[ ] 416 Sandie Monroe	[ ] 427 William Ammons
] 405 Hilary Tadlock	[ ] 417 Garrett Hall	[ ] 428
] 406 Brandon Bullard	[ ] 418 Dwayne Melvin	[ ] 429
] 407 Keith Owen	[ ] 419 Jonathan Tanner	[ ] 430
] 408 Chris Jackson	[ ] 420 Jay Sessoms	[ ] 431
] 409 Allen Sessoms	[ ] 421 Pete Ammons	
✓] 410 Milton Sessoms	[ ] 422	

NARRATIVE OR ADDITIONAL COMMENTS

Vehicle Fire - Upon arrival Van was fully involved we put out & talked with driver [redacted] she said when she stopped at stop sign she heard a sizzling noise. She got out and raised hood & the vehicle was on fire under the hood. Was not investigate due to talking with driver.

REPORTED BY: Bobby Owen Clerk

Claim # [redacted]

DMV-349 (Rev.1/2009)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces: 103179427

No. of Units Involved: 1 | Form 1 of 1 | ☐ Supplemental Report | ☐ Non-Reportable

Date Received by DMV: 06/16/2011

Date (mm/dd/ccyy)	County	Time (24 Hour Clock)	Local Use/Patrol Area
06/16/2011	SAMPSON	06:41	110616026BA/03

LOCATION

33 Relation to Roadway Surface: 2 | Crash occurred: ☒ In | Near: ROSEBORO (Municipality) | or 06.13 Miles ☐N ☒S ☐E ☐W outside municipality

on: RP 1215 (Highway Number, or Highway, Street. (If ramp or service road, indicate on line)) ☐ Ramp or Service Road | (R.R.Crossing #_____) _____ Miles _____ (0 ft.-Intersection) ☐☐☐☐ ft. N S E W (If available)

at ### RP 1212 (Use Highway Number, Street Name or Adjacent County or State Line) ☐N ☐S ☐E ☒W | toward NC 411 (Use Highway Number, Street Name or Adjacent County or State Line) | Latitude _____ Longitude _____ Altitude _____

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL VEHICLE

Driver [redacted] (First / Middle / Last / Suffix)

Address [redacted]

City AUTRYVILLE State NC Zip [redacted]

Same Address on Driver's License? ☐ Yes ☐ No | Driver's Phone Numbers H ([redacted]) [redacted] W ( ) _____

D.L. # [redacted] D.L. Class C State NC CDL License ☐

DOB [redacted] (mm/dd/ccyy) 34 Vision Obstruction 00 | 35 Physical Condition 01 | 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 0 | 38 Alcohol/Drugs Test 0 | 39 Results (if known) 0 | 40 Vehicle Seizure (DWI) ☐

Owner [redacted] Same as Driver? ☐

Address [redacted] Same Address as Driver? ☐

City ROSEBORO State NC Zip [redacted]

Plate # [redacted] Plate State NC Plate Year 2011

VIN 2C4GM684X4R[redacted]

Vehicle Make CHRY | Vehicle Year 2004 | 41 Vehicle Style (Type) 4 | 42 Vehicle Drivable ☐ Yes ☒ No

43 TAD UND-6 | 44 Estimated Damage $6000

Insurance Company STATE FARM

Policy # [redacted]

UNIT # ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER _____

Driver _____ (First / Middle / Last / Suffix)

Address _____

City _____ State _____ Zip _____

Same Address on Driver's License? ☐ Yes ☐ No | Driver's Phone Numbers H ( ) _____ W ( ) _____

D.L. # _____ D.L. Class _____ State _____ CDL License ☐

DOB _____ (mm/dd/ccyy) 34 Vision Obstruction _____ | 35 Physical Condition _____ | 36 D.L. Restrictions _____

37 Alcohol/Drugs Suspected _____ | 38 Alcohol/Drugs Test _____ | 39 Results (if known) _____ | 40 Vehicle Seizure (DWI) ☐

Owner _____ Same as Driver? ☐

Address _____ Same Address as Driver? ☐

City _____ State _____ Zip _____

Plate # _____ Plate State _____ Plate Year _____

VIN _____

Vehicle Make _____ | Vehicle Year _____ | 41 Vehicle Style (Type) _____ | 42 Vehicle Drivable ☐ Yes ☐ No

43 TAD _____ | 44 Estimated Damage $ _____

Insurance Company _____

Policy # _____

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

Unit _____ | 45 Cargo Body Type _____ | ☐ Same Address as Owner?

Source: ☐ Truck ☐ Shipping papers ☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# _____ | ICC# _____ | Axles on Vehicle including Trailers _____

State _____ | State# _____ | IFTA# _____

FEI# _____ | Fleet# _____ | Gross Vehicle Weight Rating _____

Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver

	21	22	23	24	25	26	27	28	29	30	31	32	
A	1	1	1	Unit1-Drv1, Ped1, etc. see above	W	F	2	1	0	2	1	5	see above Veh# 1 Towed To/By: OWENS TOWING/OWENS TOWING
B				Unit2-Drv2, Ped2, etc. see above									see above Veh# Towed To/By:
C													
D													
E													
F													
G													
H													

46 Name of EMS _____

47 Injured Taken by EMS to _____ (Treatment Facility and City or Town)

46 Name of EMS _____

47 Injured Taken by EMS to _____ (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit# 1	0
	Unit#	

CRASH SEQUENCE (Unit Level)	Unit# 1	Unit#
49 Vehicle Maneuver/Action	5	
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	9	
53 Crash Sequence - Second Event *		
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	9	
57 Distance/Direction to Object Struck	0	
58 Vehicle Underride/Override	3	
59 Vehicle Defects	7	

VEHICLE INFO.	Veh # 1	Veh.#
60 Authorized Speed Limit	55	
61 Estimate of Original Traveling Speed	35	
62 Estimate of Speed at Impact	0	
63 Tire Impressions Before Impact (ft.)	0	
64 Distance Traveled After Impact (ft.)	0	
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	0
70 Road Character	1
71 Road Classification	4
72 Road Surface Type	4
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	1
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit# 1	Unit#
82 Trailer Type	00	
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Unit# ___ Overwidth Trailer and Overwidth Mobile Home — Overwidth Permit #

COMMERCIAL VEHICLE: Hazardous Materials Involvement Unit ___

Haz Mat Placard ☐ Yes ☐ No — From Placard indicate: 4-digit placard number or name from diamond or box — 1-digit number from bottom of diamond

Hazardous Cargo ☐ Yes ☐ No Released (does not include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

84 DIAGRAM

Indicate North

BURNED VEHICLE

Unit# 1 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☒ E ☐ W on RP 1215

Unit# ___ was: ☐ Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☐ W on ___

85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)

VEHICLE 1 WAS TRAVELING EAST ON RP1215 WHEN THE DRIVER STATED THAT THE VEHICE BEGAN TO SMOKE. WHEN THE VEHICLE STOPPED AT THE STOP SIGN, IT CAUGHT ON FIRE. THE DRIVER GOT OUT OF THE VEHICLE AND CALLED THE FIRE DEPARTMENT. NOTE: THE ROADWAY WAS DAMAGED AS RESULT OF THE INCIDENT

86 Type/Owner ROADWAY SURFACE- — Owner Address/Phone 220 NORTH BLVD,CLINTON,NC 28328-9105921434 — ADDITIONAL PROPERTY DAMAGE — State Property? ☒ — Estimated Damage $1000

WITNESSES

Name ___ Address ___ Phone No. ( ) ___

Name ___ Address ___ Phone No. ( ) ___

TRAFFIC VIOLATION(S)

Name ___ Charge(s) ___ (Citation # optional)

Name ___ Charge(s) ___

Officer Name	Officer Number	Department	Date of Report
D K Pearson	2167	North Carolina State Highway P	06/16/2011