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 ☐
15-JUL-2015 SEP 10 2015	Reference No. 10734280

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address	[redacted]	Evening Telephone Number	
City OKLAHOMA CITY	State OK	Zip Code [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	Make	Model	Model Year
3N1BC11E58L[redacted]	NISSAN	VERSA	2008

Date Purchased	Dealer's Name and Telephone Number		Engine: 1.8 SL	Fuel Type:
MAY 2008	HUDIBURG NISSAN	405-631-7771	No. Cylinders 4	REG UNL 87
Original Owner ☑	Dealer's City OKLAHOMA CITY	State OK / Zip Code 73149		

Transmission Type	☑ Antilock Brakes ☑ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
AUTOMATIC		UNKNOWN	ENGINE / MOTOR	14-JUL-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 980000 UNKNOWN OR OTHER, ENGINE (PWS)	Failure Mileage	Failure Speed
	77000	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: 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	0	0	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).

MY FRIEND HAD MY VEHICLE. SHE HAD JUST MADE IT HOME FROM WORK. SHE LIVES LESS THAN 10 MINUTES FROM HER JOB. SHE SAID WHEN SHE MADE IT HOME SHE WENT INTO THE APARTMENT TO CHANGE INTO A BATHING SUIT AND SOMEONE KNOCKED ON THE DOOR SAYING THAT THERE IS A LITTLE BLACK CAR SMOKING. SHE WENT OUTSIDE AND FLAMES WERE COMING OUT OF THE ENGINE COMPARTMENT. THEY ALL CALLED 911. THE FIREFIGHTERS PUT OUT THE FIRE AND THEY TOLD HER THAT IT IS A MOTOR MALFUNCTION BECAUSE IT WAS PARKED AND WITH NO SORT OF OVERHEATING ISSUE.

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

Oklahoma City Fire Department - 820 5th, OKLAHOMA CITY, OK 73106 4052973314

A 55013 FDID | OK State | 07/14/2015 Incident Date | S34 Station | [redacted] Incident Number | 000 Exposure | **NFIRS -1 Basic**

B Location

☐ See Wildland Fire Module for Location

Census Tract

1 Street address: [redacted] Number/Milepost | Prefix [redacted] | [redacted] Street Type | Suffix

[redacted] Apt/Suite/Room | OKLAHOMA CITY City | OK State | [redacted] Zip Code

HANOVER WAY/KENTISH DR
Cross Street or Directions

C Incident Type

130 Mobile property (vehicle) fire, other
Incident Type

D Aid Given or Received

N None

E1 Dates & Times

		Date	Time
	Dispatch	07/14/2015	17:06:35
☒	Arrival	07/14/2015	17:10:58
☒	Controlled	07/14/2015	17:12:30
☒	Last Unit Cleared	07/14/2015	17:24:47

E2 Shifts & Alarms
Local Option

A Shift or platoon | 0 Alarms | District

E3 Special Studies
Local Option

Special Study ID# | 3948 Special Study Value

F Action Taken

11 Extinguishment by fire service personnel
Primary Action Taken (1)

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	2	5
EMS	0	0
Other	0	0

☐ 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	$	0	☒
Contents	$	0	☒

PRE-INCIDENT VALUE:

Property	$	0	☒
Contents	$	0	☒

Completed Modules

- ☒ Fire-2
- ☐ Structure-3
- ☐ Civilian Fire Cas.-4
- ☐ Fire Serv. Casualty-5
- ☐ EMS-6
- ☐ HazMat-7
- ☐ Wildland Fire-8
- ☒ Apparatus-9
- ☒ Personnel-10
- ☐ Arson-11

H1 Casualties ☒ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

H3 Hazardous Materials Release

N None

I Mixed Use Property

NN Not mixed use

J Property Use

965 Vehicle parking area

M Authorization

Officer in charge ID: 24756
Signature: MICHAEL R TYSON
Rank: Captain | Assignment | Date

Check box if same as Officer in charge ☐ | Member Making Report's ID: 51257
Signature: JACOB E PURTON
Rank: Fire Recruit | Assignment | Date: 07/14/2015

Oklahoma City Fire Department - 820 5th, OKLAHOMA CITY, OK 73106 4052973314

Incident: [redacted]

K1 Person/Entity Involved

Local Option

Business name (if applicable) | 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

K2 Owner

Local Option

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

Business name (if applicable) | ( ) - 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

SYS Validity of address cannot be determined:5803 W BRITTON RD - SW SECTOR.
TY7696 Automatic Case Number(s) issued for Oklahoma City Fire Dept: 15040457.
Westnet Proceed with Voice Dispatch of incident 201507140062435, response has been Performed from Station Alerting System at station * 34-4 *(Z2Z7).
LF7850 WILL BE IN FRONT OF THE APT

E34 and BP34 responded to above address on a vehicle fire. E34 and BP34 arrived on scene to find a single vehicle, with the engine compartment involved. E34 and BP34 personnel extinguished the fire using 1 inch handlines off of the engine and brush pumper. E34 and BP34 personnel ensured that the fire was completely extinguished prior to turning the vehicle back over to the owner. E34 and BP34 returned to service.

FACSIMILE TRANSMITTAL SHEET

DATE: September 4, 2015

FAX: (202) 366-1767

TO: NHTSA

ATTN: Office of Defects Investigation

RE: [redacted] Ref No.: 10734280

SENDER: [redacted]

NO. OF PAGES INCLUDING COVER SHEET: 8

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Please find enclosed the completed VOQ, the report from the OKC Fire Department, and photographs for the above-mentioned claim.