

From: [Abbew, Margaret CTR \(NHTSA\)](#)
To: [Fogle, Brenda CTR \(NHTSA\)](#)
Subject: FW: FW: NHTSA: Follow up to ODI Complaint: ----10763142-----
Date: Monday, November 02, 2015 12:41:31 PM
Attachments: [Fire Dept report.PDF](#)
[List of available recalls.PDF](#)
[Recall repair order.PDF](#)

From: EVOQ (NHTSA)
Sent: Monday, November 02, 2015 10:34 AM
To: Abbew, Margaret CTR (NHTSA)
Subject: FW: FW: NHTSA: Follow up to ODI Complaint: ----10763142-----

From: [REDACTED]
Sent: Friday, October 16, 2015 3:42 AM
To: EVOQ (NHTSA)
Subject: Re: FW: NHTSA: Follow up to ODI Complaint: ----10763142-----

On Thursday, October 8, 2015 12:45 PM, "EVOQ@dot.gov" <EVOQ@dot.gov> wrote:

Please see the attached copy of your recent complaint and instructions. Please make any necessary edits and return via email to dataquality@dot.gov or fax to [\(202\) 366-1767](tel:(202)366-1767). Due to the volume of complaints we receive and our limited resources, we cannot respond to every complaint.
NHTSA/Office of Defects Investigation



A		MM DD YYYY 09 09 2015	1	000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic			
ST507 TX		FDID * State *	Incident Date *	Station	Incident Number *	Exposure *			
B Location*									
<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.									
<input type="checkbox"/> Street address <input checked="" type="checkbox"/> Intersection <input type="checkbox"/> Hwy 12 <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions									
Number/Milepost Prefix Street or Highway Street Type Suffix Vidor TX 77662 Apt./Suite/Room City State Zip Code Marion Cross street or directions, as applicable									
C Incident Type *		E1 Date & Times			E2 Shift & Alarms				
131 Passenger vehicle fire		Check boxes if dates are the same as Alarm Date. Month Day Year Hr Min Sec 09 09 2015 08:53:00 ALARM always required			Local Option B 01 VI Shift or Alarms District Platoon				
D Aid Given or Received*		E3 Special Studies							
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recvd. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None		ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * 09 09 2015 08:56:00 CONTROLLED Optional, Except for wildland fires <input checked="" type="checkbox"/> Controlled 09 09 2015 09:04:00 LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit Cleared 09 09 2015 09:17:00			Local Option Special Study ID# Special Study Value				
F Actions Taken *		G1 Resources *		G2 Estimated Dollar Losses & Values					
11 Extinguishment by fire Primary Action Taken (1) 86 Investigate Additional Action Taken (2)		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0003 0003 EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.		LOSSES: Required for all fires if known. Optional for non fires. Property \$ 002,000 Contents \$ 000,250 PRE-INCIDENT VALUE: Optional Property \$ 030,000 Contents \$ 000,450					
Completed Modules		H1* Casualties		H3 Hazardous Materials Release		I Mixed Use Property			
<input checked="" type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 35 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal.. Please complete the HazMat form		NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use			
J Property Use*		Structures		Outside					
131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales		936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input checked="" type="checkbox"/> Residential street/driveway		539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard		Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 962 Residential street, road or	

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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Post Office Box	Apt./Suite/Room	City							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
State	Zip Code								

 More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary
K2 Owner
 Same as person involved? Then check this box and skip the rest of this section.

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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Post Office Box	Apt./Suite/Room	City							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
State	Zip Code								

L Remarks

Local Option

09/09/2015 10:14:59 jaldridge

On 09/09/2015 at 08:53:00 dispatched To Hwy 12 & Marion /Vidor, TX 77662. The location is a Residential street, road or residential driveway. The incident was determined to be a(n) Passenger vehicle fire.

08:56:00 arrived on scene and found a Dodge Dueango with light smoke coming from the inside passenger side headliner, two individuals were disconnecting the battery connector under the hood area, FD located the battery (under the passenger side seat) and disconnected the negative battery cable, while removing the headliner, fire was discovered and was extinguished. The cause of the fire was determined to be a grounded electrical wire between the roof area and the insulation above the cloth headliner.

The following actions were performed on scene:
 Extinguishment by fire service personnel
 Investigate

Units responding were:

Unit C1 responded.

Unit R1 responded.

Unit T2 responded.

09:17:00 all units back in service.

L Authorization

JA8308

Officer in charge ID

Aldridge, Jerry E

Signature

CP

Position or rank

Assignment

09

Month

09

Day

2015

Year

Check Box if same as Officer in charge.

 JA8308

Member making report ID

Aldridge, Jerry E

Signature

CP

Position or rank

Assignment

09

Month

09

Day

2015

Year

ST507
FDID *

TX
State *

MM DD YYYY
9 9 2015
Incident Date *

1
Station

Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

09/09/2015 10:14:59 jaldridge

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09:17:00 all units back in service.

A FDID * ST507 State * TX Incident Date * MM 9 DD 9 YYYY 2015 Station 1 Incident Number * [REDACTED] Exposure * 000 Delete Change **NFIRS - 9 Apparatus or Resources**

B Apparatus or * Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
	Check if same as alarm date									
	Month	Day	Year	Hour	Min					
1 ID <u>C1</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>9</u>	<u>9</u>	<u>2015</u>	<u>08:53</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>9</u>	<u>9</u>	<u>2015</u>	<u>08:56</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>9</u>	<u>9</u>	<u>2015</u>	<u>09:17</u>				<input type="checkbox"/>	<input type="checkbox"/>
2 ID <u>R1</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>9</u>	<u>9</u>	<u>2015</u>	<u>08:53</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>9</u>	<u>9</u>	<u>2015</u>	<u>08:56</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>9</u>	<u>9</u>	<u>2015</u>	<u>09:17</u>				<input type="checkbox"/>	<input type="checkbox"/>
3 ID <u>T2</u> Type <u>14</u>	Dispatch <input checked="" type="checkbox"/>	<u>9</u>	<u>9</u>	<u>2015</u>	<u>09:02</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>9</u>	<u>9</u>	<u>2015</u>	<u>09:04</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>9</u>	<u>9</u>	<u>2015</u>	<u>09:17</u>				<input type="checkbox"/>	<input type="checkbox"/>
4 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/>	<input type="checkbox"/>
5 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/>	<input type="checkbox"/>
6 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/>	<input type="checkbox"/>
7 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/>	<input type="checkbox"/>
8 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/>	<input type="checkbox"/>
9 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/>	<input type="checkbox"/>

Type of Apparatus or Resources

Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

More Apparatus?
Use Additional
Sheets

Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource
- NN None
- UU Undetermined

A		MM	DD	YYYY															NFIRS - 10 Personnel		
FDID * ST507		State * TX	Incident Date * 9 9 2015		Station 1	Incident Number * [REDACTED]		Exposure * 000		<input type="checkbox"/> Delete		<input type="checkbox"/> Change									
B Apparatus or Resource *		Date and Times <small>Check if same as alarm date</small>				Sent	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>				Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>									
<small>Use codes listed below</small>		Month Day Year Hours/mins				<input checked="" type="checkbox"/>															
1	ID C1	Dispatch <input checked="" type="checkbox"/>	9	9	2015	08:53	Sent		<input checked="" type="checkbox"/> Suppression												
	Type 92	Arrival <input checked="" type="checkbox"/>	9	9	2015	08:56	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> EMS												
		Clear <input checked="" type="checkbox"/>	9	9	2015	09:17			<input type="checkbox"/> Other												
Personnel ID	Name				Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken								
BC8008	Champagne, Bryant				FC	X															
2	ID R1	Dispatch <input checked="" type="checkbox"/>	9	9	2015	08:53	Sent		<input checked="" type="checkbox"/> Suppression												
	Type 11	Arrival <input checked="" type="checkbox"/>	9	9	2015	08:56	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> EMS												
		Clear <input checked="" type="checkbox"/>	9	9	2015	09:17			<input type="checkbox"/> Other												
Personnel ID	Name				Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken								
JA8308	Aldridge, Jerry				CP	X															
3	ID T2	Dispatch <input checked="" type="checkbox"/>	9	9	2015	09:02	Sent		<input checked="" type="checkbox"/> Suppression												
	Type 14	Arrival <input checked="" type="checkbox"/>	9	9	2015	09:04	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> EMS												
		Clear <input checked="" type="checkbox"/>	9	9	2015	09:17			<input type="checkbox"/> Other												
Personnel ID	Name				Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken								
RS9593	Smith, Robert				ACH	X															

ST507

FDID

TX

State

9

Incident Date

9

2015

1

Station

Incident Number

000

Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
C1 Car 1	08:53:00	08:53:00	08:56:00	09:17:00

Staff ID\Staff Name	Activity	Rank	Position	Role
BC8008 Champagne, Bryant	Emergency Incide	Fire Chief	Fire Chief	Duty Officer

R1 Rescue 1	08:53:00	08:53:00	08:56:00	09:17:00
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Staff ID\Staff Name	Activity	Rank	Position	Role
JA8308 Aldridge, Jerry E	Emergency Incide	Captain	Incident Com	Firefighter

T2 Tanker 2	09:02:00	09:02:00	09:04:00	09:17:00
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Staff ID\Staff Name	Activity	Rank	Position	Role
RS9593 Smith, Robert L	Emergency Incide	ASSISTANT C	Fire Chief	Duty Officer

ST507	TX	MM	DD	YYYY	1		000	Responding Personnel
FDID *	State *	9	9	2015	Station	Incident Number *	Exposure *	

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
BC8008 Champagne, Bryant	C1	EI Emergency	FC	FC		0.40	0.40	0.00
JA8308 Aldridge, Jerry E	R1	EI Emergency	IC	CP		0.40	0.40	0.00
RS9593 Smith, Robert L	T2	EI Emergency	FC	ACH		0.40	0.40	0.00

Total Participants: 3

Total Personnel Hours: 1.20

An 'X' next to the unit denotes driver.

[Buy](#)

[Sell & Trade](#)

[Service & Repair](#)

[News](#)

[Service & Repair](#) > [Recalls](#) > [Dodge](#) > [Durango](#) > [2012](#)

Recalls for 2012 Dodge Durango

[Change Vehicle](#)

There are currently **7** recalls for your car.



What Should You Do?

Bring your car to a dealer immediately. Recalls are issued because the defect might make the car unsafe in some way. Your nearby service center can help verify if the repairs can be performed free of charge.

[Contact a Service Center](#)

NHTSA Vehicle Safety Recalls

Recall Number: 15V118000

Recall Date: 02/27/2015

Component: ELECTRICAL SYSTEM

Problem Summary: Chrysler (FCA US LLC) is recalling certain model year 2012-2013 Jeep Grand Cherokee vehicles manufactured September 17, 2010, to August 19, 2013, and equipped with a 3.6, 5.7 or 6.4 liter engine, and 2012-2013 Dodge Durango vehicles manufactured January 18, 2011, to August 19, 2013, and equipped with a 3.6 or 5.7 liter engine. In the affected vehicles, the fuel pump relay inside the Totally Integrated Power Module (TIPM-7) may fail, causing the vehicle to stall without warning.

Consequence: A vehicle stall increases the risk of a crash.

What Owners Should Do: Chrysler will notify owners, and dealers will replace the fuel pump relay with one external to the TIPM. The recall is expected to begin April 24, 2015. Owners may contact Chrysler customer service at 1-800-853-1403. Chrysler's number for this recall is R09. Note: This recall is an expansion of recall 14V-530.

Next Steps: Contact a Service Center Near You

Recall Number: 14V634000

Recall Date: 10/08/2014

Component: ELECTRICAL SYSTEM ALTERNATOR/GENERATOR/REGULATOR

Problem Summary: Chrysler Group LLC (Chrysler) is recalling certain model year 2011-2014 Chrysler 300, Dodge Charger, Challenger, and Durango; and 2012-2014 Jeep Grand Cherokee vehicles manufactured April 22, 2010, to January 2, 2014, and equipped with a 3.6L engine and a 160 amp alternator. In the affected vehicles, the alternator may suddenly fail.

Consequence: If the alternator fails, the vehicle may stall without warning, increasing the risk of a crash.

What Owners Should Do: Chrysler is expected to begin notifying owners of this recall on November 28, 2014. The remedy for this recall campaign is still under development. Owners may contact Chrysler customer service at 1-800-853-1403. Chrysler's number for this recall is P60.

Next Steps: Contact a Service Center Near You

Recall Number: 14V391000

Recall Date: 07/02/2014

Component: ELECTRICAL SYSTEM:WIRING

Problem Summary: Chrysler Group LLC (Chrysler) is recalling certain model year 2011-2014 Dodge Durango and Jeep Grand Cherokee vehicles manufactured January 5, 2010, through December 11, 2013. In the affected vehicles, the wiring for the vanity lamp in the sun visor may short circuit, after a service repair is performed.

Consequence: If the vanity lamp wiring shorts, there is an increased risk of fire.

What Owners Should Do: Chrysler will notify owners, and dealers will inspect and repair any damaged wiring, and install a new sun visor that properly routes the wire, free of charge. Owners may contact Chrysler customer service at 1-800-853-1403. Chrysler's number for this recall is P36.

Next Steps: Contact a Service Center Near You

Recall Number: 14V154000

Recall Date: 04/01/2014

Component: SERVICE BRAKES, HYDRAULIC.POWER ASSIST.VACUUM

Problem Summary: CHRYSLER GROUP LLC (CHRYSLER) IS RECALLING CERTAIN MODEL YEAR 2011-2014 JEEP GRAND CHEROKEE AND DODGE DURANGO VEHICLES MANUFACTURED FROM JANUARY 5, 2010, THROUGH SEPTEMBER 8, 2013. THE SUBJECT VEHICLES HAVE A BRAKE BOOSTER WITH A CENTER SHELL THAT MAY CORRODE AND ALLOW WATER TO GET INSIDE.

Consequence: THE WATER INSIDE COULD FREEZE AND LIMIT THE BRAKING ABILITY OF THE VEHICLE, INCREASING THE RISK OF A CRASH.

What Owners Should Do: CHRYSLER WILL NOTIFY OWNERS, AND DEALERS WILL ADD A WATER DIVERTER SHIELD TO THE BOOSTER AFTER THE BOOSTER HAS BEEN TESTED TO CONFIRM IT CAN HOLD AN ACCEPTABLE AMOUNT OF VACUUM PRESSURE. IF THE BOOSTER INSPECTION CONFIRMS AN UNACCEPTABLE LOSS OF VACUUM PRESSURE, THE BOOSTER WILL BE REPLACED. REPAIRS WILL BE MADE FREE OF CHARGE. THE RECALL IS EXPECTED TO BEGIN IN MAY 2014. OWNERS MAY CONTACT CHRYSLER AT 1-800-853-1403. CHRYSLER'S RECALL CAMPAIGN NUMBER IS P14.

Next Steps: Contact a Service Center Near You

Need a service center?

Read reviews, compare details, and find the best service center for you.

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Certified Service Centers

Certification requires warranty on parts and labor, fair-price* guarantee, certified technicians and high customer satisfaction ratings.

*Fair prices, measured by comparing them to the RepairPal Price Estimator.

Additional terms and conditions apply

Recall Number: 14V154000

Recall Date: 04/01/2014

Component: SERVICE BRAKES

Problem Summary: CHRYSLER GROUP LLC (CHRYSLER) IS RECALLING CERTAIN MODEL YEAR 2011-2014 JEEP GRAND CHEROKEE AND DODGE DURANGO VEHICLES MANUFACTURED FROM JANUARY 5, 2010, THROUGH SEPTEMBER 8, 2013. THE SUBJECT VEHICLES HAVE A BRAKE BOOSTER WITH A CENTER SHELL THAT MAY CORRODE AND ALLOW WATER TO GET INSIDE.

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Next Steps: Contact a Service Center Near You

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Enter Make or Model



Powered By:

Repair Order Detail - Internal Copy

RO Number: XXXXXXXXXX

RO Status:

Customer:
 Phone(s): Contact:
 Vehicle: 1C4RDHDG3CC XXXXXXXXXX

Main:
 2012 DURA

Click to View Cust Copy
 Cell:
 BRIGHT_SIL-
 VER

Mileage: 45,612
 Service advisor: 421266
 Tag number:

Payment type:
 Promised time: 06:00 PM
 Promised date: 01/03/2015

Waiter: No
 Estimate:

A CHRYSLER CERTIFIED PREOWNED INSPECTION

CPO	IUT	CHRYSLER CERTIFIED PREOWNED INSPECTION	2.50	299.70
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Tech(s): 18679

Pts:	31.07	Lbr:	1	299.70	Other:	0.00	Total Line A:	31.07
							330.77	

B INTERNAL STATE INSPECTIN 1 YEAR WITH GREEN SLIP

TS11G	ISTKU	INTERNAL STATE INSPECTIN 1 YEAR WITH GREEN SLIP	0.20	8.00
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Tech(s): 18679

Pts:	0.00	Lbr:	1	8.00	Other:	7.50	Total Line B:	15.50
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C BRAKE BOOSTER

05P14182	WPD4	RECALL BRAKE BOOSTER	0.90	77.63
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Tech(s): 18679

Pts:	4.06	Lbr:	1	77.63	Other:	0.00	Total Line C:	81.69
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D SUN VISOR WIRING

08P36182	WPD4	Safety Recall P36 - Sun Visor Wiring - Replace Replace Right and Left Sun Visor Wire Guide (0 - Low Skilled)	1.30	112.13
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Tech(s): 18679

Pts:	0.98	Lbr:	1	112.13	Other:	0.00	Total Line D:	113.11
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Customer Pay	0.00
Labor	0.00
Parts	0.00
Lube	0.00
Sublet	0.00
Miscellaneous/Shop Charge*	0.00
Total Charges**	0.00

*Miscellaneous/Shop Charge includes tax and/or deductible originally on RO.

Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status:

Customer:

Phone(s): Contact:

Vehicle: 1C4RDHDG3CC [REDACTED]

Main:

2012 DURA

Click to View Cust Copy

Cell:

BRIGHT_SIL-
VER

Mileage: 45,612

Service advisor: 418959

Tag number:

Payment type:

Promised time: 06:00 PM

Promised date: 01/22/2015

Waiter: No

Estimate:

A	AMERICAN WIRES						
	100	IUT	MISC		0.00		0.00
		Tech(s): 148					
	SUBL	IUT	AMERICAN WIRES				417.50
			INVOICE: [REDACTED]				
			PO# [REDACTED]				
Pts:		0.00	Lbr:	0.00	Other:	417.50	Total Line A: 417.50

Customer Pay	
Labor	0.00
Parts	0.00
Lube	0.00
Sublet	0.00
Miscellaneous/Shop Charge*	0.00
Total Charges**	0.00

*Miscellaneous/Shop Charge includes tax and/or deductible originally on RO.

**Total Charges includes any Insurance/Adjustment originally on RO.