

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

Date Received: 24-MAR-2017
 Repository:
 Reference No.: 10968296

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
 Address: [REDACTED]
 City: LASAYETTE HILL LAFayette State PA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]
 Evening Telephone Number: [REDACTED]
 E-mail Address: [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: 1C3CDFCBXED [REDACTED]
 Make: DODGE Model: DART Model Year: 2014
 Date Purchased: 9-4-14 Dealer's Name and Telephone Number: SPORT Chrysler Jeep Dodge 610-539-6620 Engine: No. Cylinders: 4 Fuel Type: Regular
 Original Owner: Dealer's City: NORRISTOWN, PA State: PA Zip Code: 19403
 Transmission Type: AUTO Antilock Brakes: Powertrain: Multiple Failure: Incident Date(s): 21 MAR-2017
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 060000 ENGINE (PWS) Failure Mileage: 27970 Failure Speed:

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: Yes No Fire: Yes No
 Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: 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 OWNED A 2014 DODGE DART. WHILE DRIVING, SMOKE APPEARED FROM THE VEHICLE WITHOUT WARNING. ONCE THE VEHICLE WAS PARKED, IT CAUGHT FIRE. THE CONTACT WAS UNAWARE IF A POLICE REPORT WAS FILED. THE FIRE DEPARTMENT ARRIVED AND STATED THAT THE ENGINE COMPARTMENT CAUGHT FIRE. THE SIDING OF THE HOUSE AND GARAGE WERE DAMAGED BY THE FIRE. THE VEHICLE WAS DESTROYED. THE FAILURE MILEAGE WAS 27,970. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE.

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 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.

[Redacted]

Car fire

[Redacted]
Lafayette Hill, PA



Sent from my iPhone

**OFFICE OF THE FIRE MARSHAL
WHITEMARSH TOWNSHIP
616 GERMANTOWN PIKE
LAFAYETTE HILL, PA 19444
FIRE REPORT**

DATE: 3-21-17 TIME: 16:02 COUNTY INCIDENT # [REDACTED] WPD INCIDENT # [REDACTED]

STREET ADDRESS: [REDACTED] CITY/STATE: FLOURTOWN, PA ZIP CODE: [REDACTED]

OCCUPIED AS: SINGLE FAMILY DWELLING CONTENTS: ORDINARY HOUSEHOLD FURNITURE

OWNER/OCCUPANTS: [REDACTED] OWNER OCCUPANT MANAGER

ADDRESS: [REDACTED] CITY/STATE: [REDACTED] ZIP CODE: [REDACTED]

D.O.B. [REDACTED] PHONE: [REDACTED] HOME WORK CELL

ADDITIONAL OCCUPANTS: VEHICLE OWNER [REDACTED] (c) [REDACTED]

NOTES 2014 DODGE PA REG.- [REDACTED] VIN# 1C3CDFCBXED [REDACTED]

INSURANCE INFORMATION

INSURANCE COMPANY: STATE FARM POLICY NUMBER: [REDACTED] DATE OF INCEPTION: [REDACTED]

COVERAGES

BUILDING: [REDACTED] CONTENTS: [REDACTED] LOSS OF USE: [REDACTED]
OUT BUILDINGS: [REDACTED] PERSONS: [REDACTED] VEHICLE: [REDACTED]

BUILDING INFORMATION

STRUCTURE: [REDACTED] BUILDING SIZE: [REDACTED]
ROOF: [REDACTED] FLOORS: [REDACTED] WALLS: [REDACTED]
ALARM SYSTEM PRESENT TYPE: [REDACTED] SMOKE DETECTORS PRESENT LOCATIONS: [REDACTED]
EXTINGUISHED WITH: [REDACTED] BY: [REDACTED]

FIRE DISTRICT: 29 ASSISTING COMPANIES: 6 OFFICER IN CHARGE: CHIEF WILMOT

AREA OF ORIGIN: ENGINE COMPARTMENT POINT OF ORIGIN: IN, AROUND, NEAR DRIVER'S SIDE ENGINE

SPREAD TO: ENTIRE ENGINE COMPARTMENT AND PASSANGER COMPARTMENT HOW: DIRECT FLAME CONTACT

CONCLUSION: VEHICLE OWNER EXPLAINED CAR WAS RUNNING NORMAL WITH NO ISSUES. [REDACTED] STOPPED AT THE

LISTED ADDRESS TO VISIT FAMILY AND NOTICED SMOKE FROM THE FRONT OF THE VEHICLE. OWNER CONTACTED 911

DRIVER'S SIDE OF ENGINE COMPARTMENT HAS SIGNIFICANT DAMAGE FROM FIRE, UNABLE TO DETERMINE. ADDITIONAL PAGE(S)

CAUSE/DETERMINATION: UNDETERMINED

SIGNATURE: SCOTT P. LYNCH, CFI, CFEI TITLE: FIRE MARSHAL DATE: 3/23/17