Form Approved O.M.B. No. 2127-0004

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 778

Date Received	Repository ☐
18-JUN-2002	Reference No. 8012091

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number [redacted]	
City CHESAPEAK / State VA / Zip Code [redacted]		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a specific request, NHTSA will NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 8/1/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMFU1E[redacted]	FORD	EXPEDITION	1997

Date Purchased	Dealer's Name and Telephone Number (75?)			Engine:	Fuel Type:
20-MAR-99	Cavalier Ford & 424-1111			Nor Cylinders	
Original Owner ☒	Dealer's City Chesapeake	State VA	Zip Code 23320		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain: 4 WHEEL DRIVE	061100 ENGINE AND ENGINE COOLING:ENGINE:GASOLINE
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
09-JUN-2002			

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: DOTMALSABC036)	☐ 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 specify 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			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).

VEHICLE WAS PARKED INSIDE OF THE DRIVEWAY AND HORN WAS BLOWING. THEN THERE WERE FLAMES COMING FROM UNDERNEATH THE HOOD. VEHICLE WAS ON FIRE, AND WAS TOTALED. *AK

Flames were coming from hood before horn was blowing. Fire had been blazing for a while before any horn blew. No warning at any problem before fire. Truck had not been driven for hours.

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

2/1/05

Dear Sir or Madam,

This letter is enclosed with copy of report filed June 18, 2002. We never received this copy prior to requesting a copy in January 2005. The information on the report was really cut short by the representative that took the report and more information was never requested (Fire or Police Report etc.) It's safe to now assume none of this report was ever sent to Ford manufacturer.

Sincerely,

[redacted]

K1 Person / Entity Involved

Business name (if applicable) | Phone

MR | [redacted] | Suffix
Mr. Ms. Mrs. | First Name | MI | Last Name

Check if same address as incident

[redacted] | Prefix | [redacted] | Street Type | Suffix
Number | Street or Highway

Post Office Box | [redacted] | Chesapeake
Apt./Suite/Room | City

VA | [redacted]
State | Zip

K2 Owner

Same as Person Involved

Business name (if applicable) | Phone

MR | [redacted] | Suffix
Mr. Ms. Mrs. | First Name | MI | Last Name

Check if same address as incident

[redacted] | Prefix | Street or Highway | Street Type | Suffix
Number

Post Office Box | [redacted] | Chesapeake
Apt./Suite/Room | City

VA | [redacted]
State | Zip

L Remarks

Arrived on scene and found a working Vehicle fire in the engine compartment. E1 Extinguished the fire and investigated cause. E1 determined that it was probably some kind of electrical short near the power distribution box.

M Authorization

p135	X Mark W Sullivan	Captain	Suppressio	06/09/2002
Officer in charge ID		Position or Rank	Assignment	Date
P663	X Jason L Coup	FF/ST	Suppressio	06/09/2002
Member Making Report		Position or Rank	Assignment	Date

[redacted]

A	FDID	State	Incident Date	Station	Incident Number	Exposure	Delete / Change	NFIRS-9 Apparatus
	55009	VA	06/09/2002	01	0010757	000	☐ Delete ☐ Change	

B Apparatus or Resource	Dates and Times		Number of People	Use On Scene	Actions Taken	
Apparatus ID E01A	Dispatch ☑ 6/9/2002	14:28:00	3	☑ Suppression	11	86
Apparatus Type 11	Arrival ☑ 6/9/2002	14:33:00		☐ EMS		
Engine	Clear ☑ 6/9/2002	15:07:00		☐ Other		

Personnel ID	Name and Rank	Off-Duty	Action Taken	Action Taken	Action Taken	Action Taken
P603	Coup, J. 13	☐	11			
P421	McElligott, B. 12	☐	11			
P135	Sullivan, M. 86	☐	11			

[redacted]

Chesapeake Fire Department

A

FDID	State	Incident Date	Station	Incident Number	Exposure
55000	VA	06/09/2002	01	0010757	000

☐ Delete ☐ Change ☐ No Activity

NFIRS-1 Basic

B Location

☐ Address on Wildland Form

Census Tract 020200

☑ Street Address ☐ Intersection ☐ In front of ☐ Rear of ☐ Adjacent to ☐ Directions

Number	Prefix	Street	Type	Suffix
[redacted]			AVE	

Apt/Suite	City	State	Zip Code
A	Chesapeake	VA	[redacted]

Cross Street or Directions, as applicable

C Incident Type

131 Passenger vehicle fire

D Aid Given or Received

1 ☐ Received
2 ☐ Automatic Recvd
3 ☐ Given
4 ☐ Automatic Given
5 ☐ Other Aid Given
N ☑ None

Their FDID
Their State
0000000 Their Incident

E1 Dates & Times

	Mon. Day Year	Time
Alarm	06/09/02	14:28:00
Arrival	☑ Arrival 06/09/02	14:33:00
Control	☑ Control 06/09/02	14:40:00
Last Unit Clear	☑ Last Unit Clear 06/09/02	15:07:00

E2 Shifts / Alarms

Shift	Alarms	Dist.
A	1	01A

E3 Special Studies

ID#	Value

F Actions Taken

11 Extinguish

Primary Action Taken (1): 86 Investigate

Additional Action Taken (2):

Additional Action Taken (3):

G1 Resources

	Apparatus	Personnel
Suppression	1	3
EMS	0	0
Other	0	0

☐ Check if counts include mutual aid resources

G2 Dollar Loss & Values

LOSSES:		NONE
Property	16000	☐
Contents	0	☑
PRE-INCIDENT VALUE		
Property	16000	☐
Contents	0	☑

Completed Modules

☑ Fire-2
☐ Structure-3
☐ Civ. Casualty-4
☐ Fire Casualty-5
☐ EMS-6
☐ Hazmat-7
☐ Wildland-8
☑ Apparatus-9
☐ Personnel-10
☐ Arson-11

H1 Casualties

☑ None

	Deaths	Inj.
Fire Service	0	0
Civilian	0	0

H2 Detector Alerted Occupants

1 ☐ Yes
2 ☑ No
U ☐ Unknown

H3 Hazmat Release

N ☑ None
1 ☐ Natural Gas
2 ☐ Propane Gas
3 ☐ Gasoline
4 ☐ Kerosene
5 ☐ Diesel Fuel/Fuel Oil
6 ☐ Household Solvents
7 ☐ Motor Oil
8 ☐ Paint
0 ☐ Other

I Mixed Use Property

NN ☑ Not Mixed
10 ☐ Assembly Use
20 ☐ Education Use
33 ☐ Medical Use
40 ☐ Residential Use
51 ☐ Row of Stores
53 ☐ Enclosed Mall
58 ☐ Business & Resid.
59 ☐ Office Use
60 ☐ Industrial Use
63 ☐ Military Use
65 ☐ Farm Use
00 ☐ Other Mixed Use

1st Company to Arrive: E01A

Red Tag
Detector
Child Seat

J Property Use

962 Residential street, road or re

[redacted]

Chesapeake Fire Department

A | 55000 FDID | VA State | 06/09/2002 Incident Date | 01 Station | 0910757 Incident Number | 000 Exposure | ☐ Delete ☐ Change ☐ No Activity | NFIRS-2 Fire

B Property Details

B1 | 0 | ☑ Not Residential
No. of residential units in building of origin

B2 | 0 | ☑ Bldgs not involved
No. of buildings involved

B3 | 0 | ☑ None ☐ Less than one acre
Acres burned (outside fire)

C On -Site Materials or Products ☑ None

NNN
On-site materials (1)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or Service

On-site materials (2)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or Service

On-site materials (3)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or Service

D Ignition

D1 | 83 | Area of origin
Engine area, running gear, whe

D2 | UU | Heat Source
Undetermined

D3 | UU | Item first ignited
Undetermined

D4 | UU | Type of material first ignited
Undetermined

☐ Confined to item

E1 Cause of Ignition ☐ Exposure Report
1 ☐ Intentional
2 ☐ Unintentional
3 ☐ Failure of equipment
4 ☐ Act of nature
5 ☐ Cause under investigation
U ☑ Undetermined after invest.

E2 Factors Contributing ☑ None
NN None
Factor contributing to ignition (1)
Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition
1 ☐ Asleep ☑ None
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Mentally disabled
5 ☐ Physically disabled
6 ☐ Multiple persons
7 ☐ Age was a Factor
Estimated age
1 ☐ Male 2 ☐ Female

F1 Equipment Involved in Ignition ☑ None
NNN None
Equipment involved
Brand
Model
Serial #
Year

F2 Equipment Power
Equipment Power Source

F3 Equipment Portability
1 ☐ Portable
2 ☐ Stationary
Portable equipment normally can be moved by one person, is designated to be used in multiple locations.

G Fire Suppression Factors ☑ None
NNN None
Fire suppression factor (1)
Fire suppression factor (2)
Fire suppression factor (3)

H1 Mobile Property Involved ☐ None
1 ☐ Not involved in ign, burned
2 ☐ Involved in ign, did not burn
3 ☑ Involved in ignition and burned

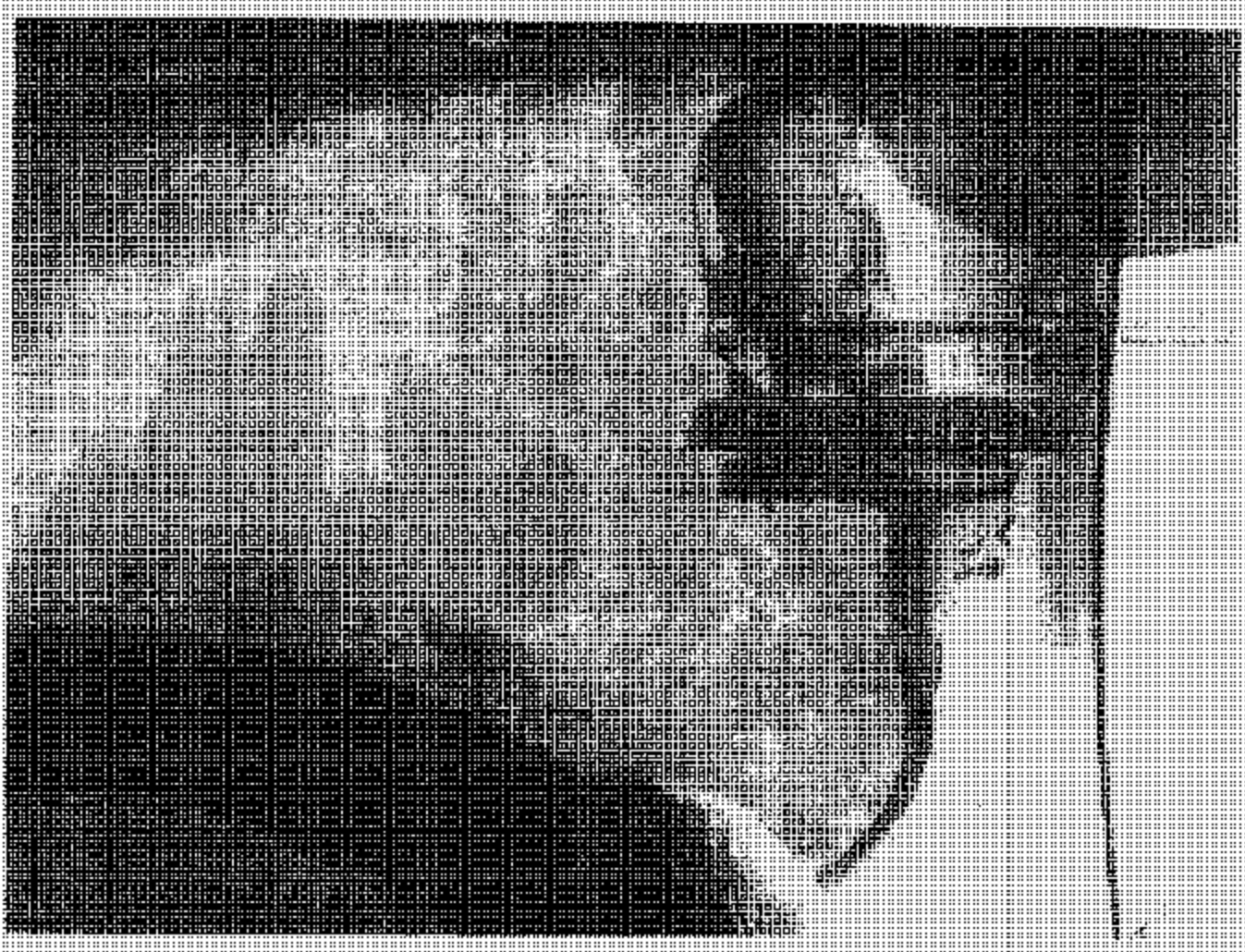
H2 Mobile Property Type & Make
11 Passenger car.
Mobile property type
FO Ford
Mobile property make

Expedition
Mobile property model
1997
Year

Yvk-6323 | License Plate Number
VA | State
1FMFU18L0VLA01246 | VIN Number

Local Use
☐ Pre-Fire Plan Available
Some of the information presented in this report may be based upon reports from other agencies:
☐ Arson report attached
☐ Police report attached
☐ Coroner report attached
☐ Other reports attached

[redacted]

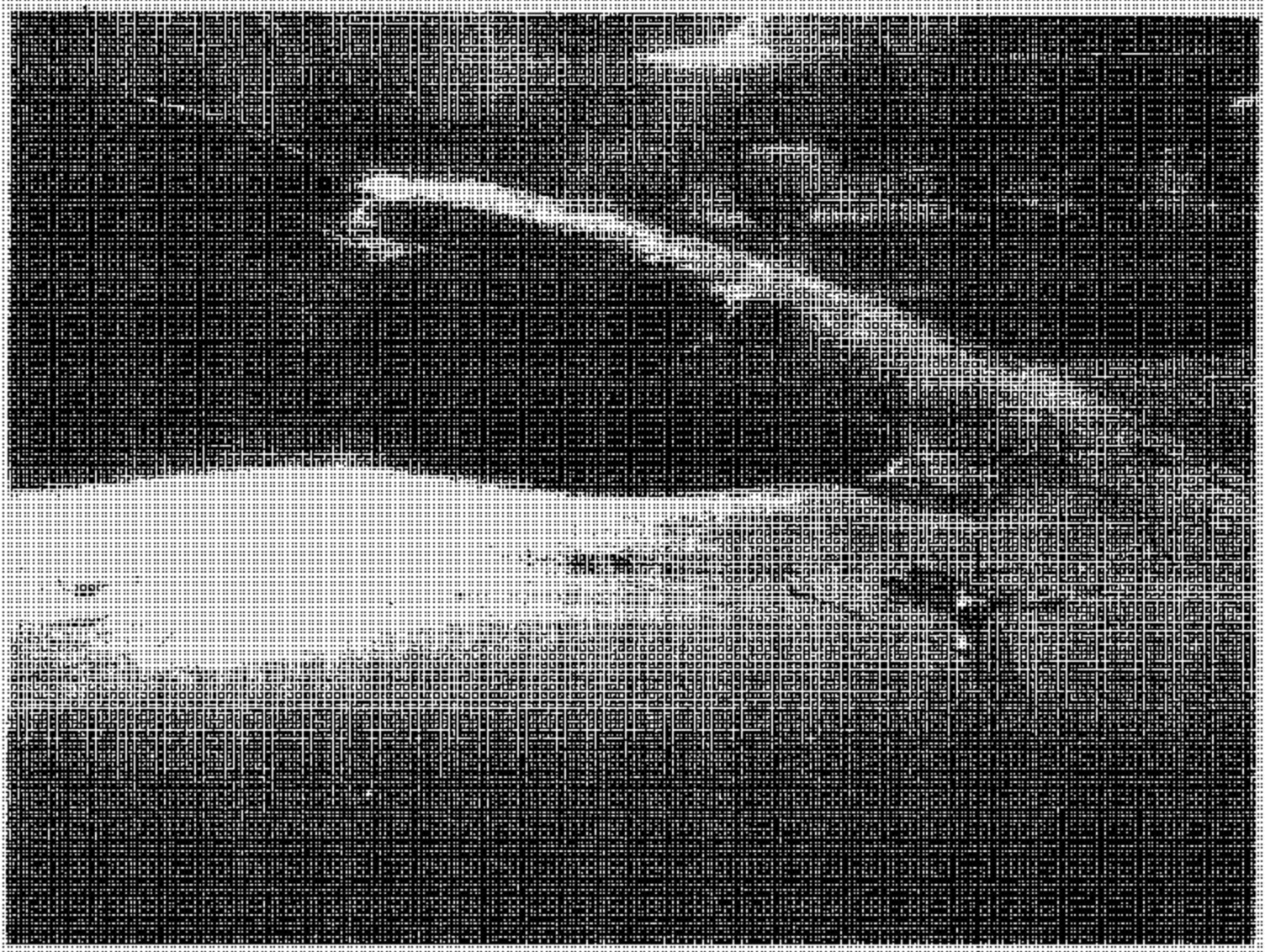


Front Driver Side

'97 Ford Explorer

[redacted]

[redacted]



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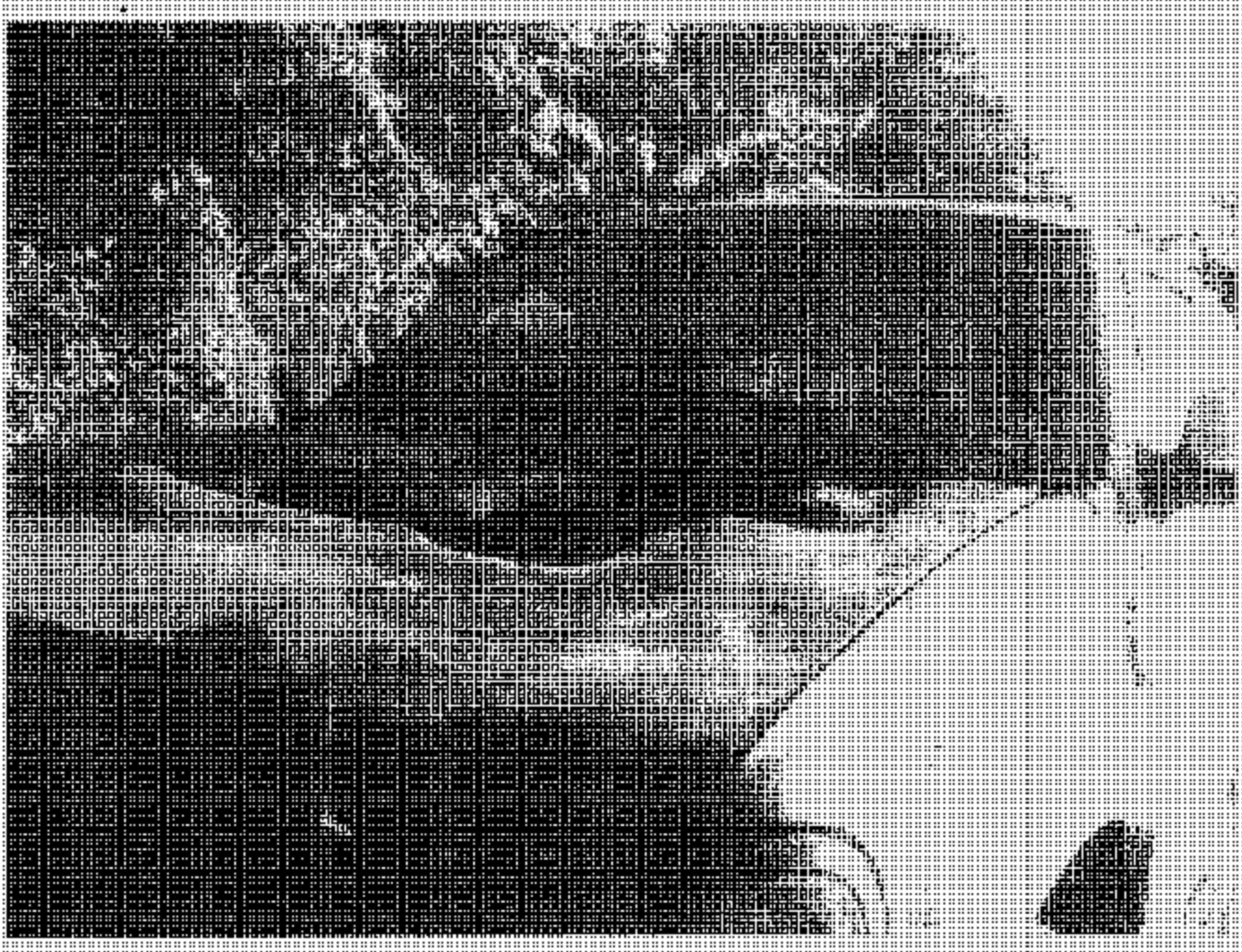

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