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

2007 FEB 27 AM 9:40

FOR AGENCY USE ONLY 100148	
Date Received 08-FEB-2007	Repository ☐
	Reference No. 10181997

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	
Address		Evening Telephone Number	
City FLINT	State MI	Zip Cod	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authoriz... ...ss to the vehicle manufacturer.

Signature of Owner _____ Date 2/15/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	PONTIAC	GRAND PRIX	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
04/11/04	HANK Gerry - 653-4111			No. Cylinders 6	Gas
Original Owner ☐	Dealer's City DAVISON	State MI	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	UNKNOWN	110000 ELECTRICAL SYSTEM Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
09-DEC-2006	106000	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 explain 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).

TL* - THE CONTACT CALLED REGARDING THE 2000 PONTIAC GRAND PRIX. THE CONTACT PARKED THE VEHICLE AND APPROXIMATELY 10 MINUTES LATER HE WAS NOTIFIED THAT THE VEHICLE WAS ON FIRE. THERE WERE NO WARNING INDICATORS THAT ANYTHING WAS WRONG WITH THE VEHICLE. THE CONTACT STATED THAT THE FIRE DEPARTMENT EXTINGUISHED THE FIRE. IT WAS CONTAINED TO THE HOOD AREA OF THE VEHICLE. THE CONTACT STATED THERE HAD NOT BEEN ANY RECENT REPAIR WORK ON THE VEHICLE. THERE WERE NO INJURIES. THE INSURANCE COMPANY TOOK PICTURES OF THE VEHICLE. THE VEHICLE WAS TOWED TO A SALVAGE YARD. THE FAILURE MILEAGE WAS 106,000. *AK

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

A FDID: 0 2 6 0 7 ☆ | State: M I ☆ | Incident Date (MM DD YYYY): 1 2 / 0 9 / 2 0 0 6 ☆ | Station: 0 0 4 | Incident Number: 0 0 0 7 1 8 7 ☆ | Exposure: 0 0 0 ☆ | ☐ Delete ☐ Change ☐ No Activity | **NFIRS-1 Basic**

B Location Type ☆ | ☐ Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires | Census Tract: . 3 1

- ☒ Street address
- ☐ Intersection
- ☐ In front of
- ☐ Rear of
- ☐ Adjacent to
- ☐ Directions
- ☐ US National Grid

Number/Milepost: 4 1 8 | Prefix: E | Street or Highway: TAYLOR | Street Type: S T | Suffix:

Apt./Suite/Room: | City: Flint | State: M I | ZIP Code: 4 8 5 0 5 -

Cross Street, Directions or National Grid, as applicable:

C Incident Type ☆: 1 3 1 Passenger vehicle fire

D Aid Given or Received ☆ ☒ None

1 ☐ Mutual aid received
2 ☐ Auto. aid received
3 ☐ Mutual aid given
4 ☐ Auto. aid given
5 ☐ Other aid given

Their FDID | Their State | Their Incident Number

E1 Dates and Times — Midnight is 0000

Check boxes if dates are the same as Alarm Date

	Month	Day	Year	Hour	Min
Alarm ☆ (ALARM always required)	1 2	0 9	2 0 0 6	1 8	1 9
☒ Arrival ☆ (ARRIVAL required, unless canceled or did not arrive)	1 2	0 9	2 0 0 6	1 8	2 5
☐ Controlled (CONTROLLED optional, except for wildland fires)					
☒ Last Unit Cleared (LAST UNIT CLEARED required except for wildland fires)	1 2	0 9	2 0 0 6	1 8	5 5

E2 Shifts and Alarms — Local Option

Shift or Platoon: 2 | Alarms: 1 | District: 4 6 3

E3 Special Studies — Local Option

Special Study ID# | Special Study Value

F Actions Taken ☆

Primary Action Taken (1): 1 1 Extinguishment by fire service p

Additional Action Taken (2):

Additional Action Taken (3):

G1 Resources ☆ ☒ Check this box and skip this block if no Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	1	8
EMS	0	0
Other	0	0

☐ Check box if resource counts include aid received/sequent.

G2 Estimated Dollar Losses and Values

LOSSES: Required for all fires if known. Optional for non-fires. | None

Property $ ☒
Contents $ ☒

PRE-INCIDENT VALUE: Optional

Property $ ☒
Contents $ ☒

Completed Modules

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

H1 ☆ Casualties ☐ None

	Deaths	Injuries
Fire Service	0	0
Civilian	0	0

H2 Detector — Required for confined fires

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release ☐ None

1 ☐ Natural gas: pipe leak, no evacuation or HazMat actions
2 ☐ Propane gas: <21-lb tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable storage
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling <55 gallons
9 ☐ Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)

I Mixed Use Property ☐ Not mixed

10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Business & residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use ☆ ☐ None

Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/tavern or nightclub
213 ☐ Elementary school, kindergarten
215 ☐ High school, junior high
241 ☐ College, adult education
311 ☐ Nursing home
331 ☐ Hospital
341 ☐ Clinic, clinic-type infirmary
342 ☐ Doctor/dentist office
381 ☐ Prison or jail, not juvenile
419 ☐ 1- or 2-family dwelling
429 ☐ Multifamily dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods, sales, repairs
571 ☐ Gas or service station
579 ☐ Motor vehicle/boat sales/repairs
599 ☐ Business office
615 ☐ Electric-generating plant
629 ☐ Laboratory/science laboratory
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage (barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
819 ☐ Dump or sanitary landfill
831 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/cared for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right-of-way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

Property Use: 9 8 5 (Code)

Vehicle parking area (Property Use Description)

K1 Person/Entity Involved

Local Option

Business Name (if applicable) | Area Code: 810 | Phone Number: 810-7605

☐ Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.

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

Number: 418 | Prefix: E | Street or Highway: TAYLOR | Street Type: ST | Suffix

Post Office Box | Apt./Suite/Room | City: Flint

State: MI | ZIP Code: [redacted] –

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS–1S) as necessary.

K2 Owner

Local Option

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

Business Name (if applicable) | Area Code: 810 | Phone Number: 235-9157

☐ Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.

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

Number: 418 | Prefix: E | Street or Highway: TAYLOR | Street Type: ST | Suffix

Post Office Box | Apt./Suite/Room | City: Flint

State: MI | ZIP Code: 48506 –

L Remarks:

Local Option

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

☐ Buildings 111	Complete Fire & Structure Modules
☐ Special structure 112	Complete Fire Module & Section I, Structure Module
☐ Confined 113–118	Basic Module Only
☐ Mobile property 120–123	Complete Fire & Structure Modules
☐ Vehicle 130–138	Complete Fire Module
☐ Vegetation 140–143	Complete Fire or Wildland Module
☐ Outside rubbish fire 150–155	Basic Module Only
☐ Special outside fire 160	Complete Fire or Wildland Module
☐ Special outside fire 161–163	Complete Fire Module
☐ Crop fire 170–173	Complete Fire or Wildland Module

ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!

☐ More remarks? Check this box and attach Supplemental Forms (NFIRS–1S) as necessary.

M Authorization

Check box if same as Officer in charge ⇨ ☐

Officer in charge ID: 02918 | Signature | Position or rank: Fire Lieutenant | Assignment: Fire Suppression | Month | Day | Year

Member making report ID: 02918 | Signature | Position or rank: Fire Lieutenant | Assignment: Fire Suppression | Month | Day | Year

A FDID: 02507 ☆ | State: MI ☆ | Incident Date (MM DD YYYY): 12 09 2006 ☆ | Station: 004 | Incident Number: 0007187 ☆ | Exposure: 000 ☆ | ☐ Delete ☐ Change | NFIRS-2 Fire

B Property Details

B1 [ ] ☒ Not Residential
Estimated number of residential living units in building of origin whether or not all units became involved

B2 [ ] ☒ Buildings not involved
Number of buildings involved

B3 [ ] . [ ] ☒ None ☐ Less than one acre
Acres burned (outside fires)

C On-Site Materials or Products ☐ None

Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved

Enter up to three codes. Check one box for each code entered

On-site material (1) [ ] [ ]
On-site material (2) [ ] [ ]
On-site material (3) [ ] [ ]

On-Site Materials Storage Use
1 ☐ Bulk storage or warehousing
2 ☒ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service
U ☐ Undetermined

D Ignition

D1 [6 3] Engine area, running gear, wheel
Area of fire origin ☆

D2 [U U] Undetermined
Heat source ☆

D3 [U U] Undetermined
Item first ignited ☆ 1 ☐ Check box if fire spread was confined to object of origin.

D4 [ ] [ ]
Type of material first ignited — Required only if item first ignited code is 00 or <70

E1 Cause of Ignition ☆

☐ Check box if this is an exposure report. ⇨ Skip to Section G

1 ☐ Intentional
2 ☒ Unintentional
3 ☐ Failure of equipment or heat source
4 ☐ Act of nature
5 ☐ Cause under investigation
U ☐ Cause undetermined after investigation

E2 Factors Contributing to Ignition ☆ ☐ None

[N N] None
Factor contributing to ignition (1)
[ ] [ ]
Factor contributing to ignition (2)

E3 Human Factors ☆ Contributing to Ignition

Check all applicable boxes ☒ None

1 ☐ Asleep
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Possibly mentally disabled
5 ☐ Physically disabled
6 ☐ Multiple persons involved
7 ☐ Age was a factor

Estimated age of person involved [ ]
1 ☐ Male 2 ☐ Female

F1 Equipment Involved in Ignition

☐ None ⇨ If equipment was not involved, skip to Section G

[ ] [ ]
Equipment involved
Brand
Model
Serial #
Year [ ]

F2 Equipment Power Source

[ ] [ ]
Equipment Power Source

F3 Equipment Portability

1 ☐ Portable
2 ☐ Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install

G Fire Suppression Factors ☐ None

Enter up to three codes.

[ ] [ ]
Fire suppression factor (1)
[ ] [ ]
Fire suppression factor (2)
[ ] [ ]
Fire suppression factor (3)

H1 Mobile Property Involved ☐ None

H2 Mobile Property Type and Make

Local Use

☐ Pre-Fire Plan Available

Some of the information presented in this report may be