



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

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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SAYESVILLE Fayetteville State NC Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, NHTSA will use the name and address of the vehicle manufacturer.
Signature of Owner [REDACTED] Date 2/1/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G2WP52K6X[REDACTED]
Make: PONTIAC Model: GRAND PRIX Model Year: 1999
Date Purchased: 27 SEP-99 Dealer's Name and Telephone Number: [REDACTED] Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: FRONT WHEEL DRIVE Vehicle Component Code: 114000 ELECTRICAL SYSTEM:WIRING
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 18-JAN-2007 Failure Mileage: 43000 Failure Speed: 0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: 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).

TL*THE CONTACT OWNS A 1999 PONTIAC GRAND PRIX. TEN MINUTES AFTER THE VEHICLE WAS PARKED, IT BURST INTO FLAMES. THE INSURANCE COMPANY HAD THE VEHICLE TOWED AND THE CAUSE OF THE FIRE HAS NOT BEEN DETERMINED. THE FIRE ORIGINATED FROM THE DRIVER'S SIDE OF THE VEHICLE. A FIRE REPORT WAS FILED. THE CURRENT AND FAILURE MILEAGES WERE 43,000.

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.



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer: —

NVS-216rbf

As a result of your report to the Vehicle Safety Hotline (VSH), we have recorded that report on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the drivers door jam. It may also be listed on the dealer's repair invoices. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.
Thank you for your cooperation.

Sincerely,

Ronald B. Fields, Chief
Correspondence Research Division
Enforcement

Enclosure: VOQ



A MM DD YYYY Delete NFIRS -1 Basic
02607 NC 01 18 2008 003 08-0000959 000 Change
FDID * State * Incident Date * Station Incident Number * Exposure * No Activity

B Location* 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. Census Tract []-[]
 Street address [] [] [] [] [] [] [] []
 Intersection Number/Milepost Prefix Street or Highway Street Type Suffix
 In front of
 Rear of Apt./Suite/Room City State Zip Code
 Adjacent to FAYETTEVILLE NC [] [] [] []
 Directions Cross street or directions, as applicable

C Incident Type *
131 Passenger vehicle fire
Incident Type

E1 Date & Times Midnight is 0000
Check boxes if dates are the same as Alarm ALARM always required
Date. Alarm * 01 18 2008 18:44:46
ARRIVAL required, unless canceled or did not arrive
 Arrival * 01 18 2008 18:48:12
CONTROLLED Optional, Except for wildland fires
 Controlled
LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared 01 18 2008 19:27:00

E2 Shift & Alarms Local Option
A 01 E3
Shift or Alarms District Platoon

D Aid Given or Received*
1 Mutual aid received
2 Automatic aid recvd.
3 Mutual aid given
4 Automatic aid given
5 Other aid given
N None
Their FDID Their State
Their Incident Number

E3 Special Studies Local Option
Special Study ID# Special Study Value

F Actions Taken *
11 Extinguishment by fire
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 0005 0016
EMS
Other
 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 \$ [] , [] 005 , [] 100
Contents \$ [] , [] 000 , [] 000
PRE-INCIDENT VALUE: Optional
Property \$ [] , [] 005 , [] 800
Contents \$ [] , [] 000 , [] 000

Completed Modules
 Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1* Casualties None
Deaths Injuries
Fire Service
Civilian
H2 Detector Required for Confined Fires.
1 Detector alerted occupants
2 Detector did not alert them
U Unknown

H3 Hazardous Materials Release
N None
1 Natural Gas: slow 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
6 Household solvents: home/office spill, cleanup only
7 Motor oil: from engine or portable container
8 Paint: from paint cans totaling < 55 gallons
0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

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 Bus. & Residential
59 Office use
60 Industrial use
63 Military use
65 Farm use
00 Other mixed use

J Property Use* Structures
131 Church, place of worship
161 Restaurant or cafeteria
162 Bar/Tavern or nightclub
213 Elementary school or kindergarten
215 High school or junior high
241 College, adult education
311 Care facility for the aged
331 Hospital
341 Clinic, clinic type infirmary
342 Doctor/dentist office
361 Prison or jail, not juvenile
419 1-or 2-family dwelling
429 Multi-family 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
579 Motor vehicle/boat sales/repair
571 Gas or service station
599 Business office
615 Electric generating plant
629 Laboratory/science lab
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
919 Dump or sanitary landfill
931 Open land or field
936 Vacant lot
938 Graded/care 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
Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
Property Use 965
Vehicle parking area
NFIRS-1 Revision 03/11/99

B Property Details

B1 Residential **Not Residential**
 Estimated Number of residential living units in building of origin whether or not all units became involved

B2 Buildings involved **Buildings not involved**
 Number of buildings involved

B3 Acres burned (outside fires) **None** **Less than one acre**

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 or more boxes for each code entered.

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

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

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

D Ignition

D1 83 Engine area, running
 Area of fire origin *

D2 UU Undetermined
 Heat source *

D3 UU 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

NN None **None**
 Factor Contributing To Ignition (1)

Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition
 Check all applicable boxes

1 Asleep **None**
 2 Possibly impaired by alcohol or drugs
 3 Unattended person
 4 Possibly mental 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

 Equipment Power Source

F3 Equipment Portability

1 Portable
 2 Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors
 Enter up to three codes. None

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved
 None

1 Not involved in ignition, but burned
 2 Involved in ignition, but did not burn
 3 Involved in ignition and burned

H2 Mobile Property Type & Make

11 Automobile, passenger
 Mobile property type

PN Pontiac
 Mobile property make

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

GRAND PRIX 1999
 Mobile property model Year

NC 1G2WP52K6XF
 License Plate Number State VIN Number

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.

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

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 section.

Business name (if Applicable) Area Code 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

FAYETTEVILLE

L Remarks

Local Option

E3 WAS DISPATCH TO A CAR FIRE IN THE GARAGE, BUT WHEN WE ARRIVED WE FOUND THAT THE CAR WAS UNDER A OPEN METAL CAR PORT. WE PUT SAME OUT AND THE CAR WAS A TOTAL LOSS AND THE GARAGE HAD MINOR DAMAGE.

L Authorization

0270 MCDANIEL, GARY R CP 01 18 2008

Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. Member making report ID Signature Position or rank Assignment Month Day Year

0270 MCDANIEL, GARY R CP 01 18 2008