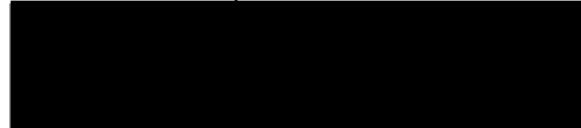


JAN - 9 2013



Houston, TX



U.S. Department of Transportation, NHTSA
 ATTN: NV5216
 Office of Defects Investigation
 1200 New Jersey Ave SE
 Washington, DC 20590

Re: ODI-10488563

To Whom it may concern;

Enclosed please find six (6) photographs (I can provide more). These photos depict my Can Am Spyder RT-3 year model 2010 burned from a fire that started at the fuel tank.

BRP (Bombardier Recreational Products) takes no responsibility. As far as they are concerned, my case is closed and refuses to discuss this any further with me stating it's an insurance issue.

I have also enclosed a copy of:

- 1) BRP accident/ Incident report
- 2) BRP email from Natasha S. claiming no responsibility
- 3) Fire Marshall Report from Galveston, TX
- 4) Article in the STAR, newspaper in Canada, "Why did my CanAm Spyder catch fire"

NH
 010313
 PW

- 5) Maintenance Schedule - all maintenance scheduled and performed per Owner's Manual.
NOTE: Towed twice. (2712 miles + 7500 miles)
Cracked Header Pipe @ 4155
- 6) Repair Order for gas smell on 4-8-2011
Being an ER Nurse I am very safety conscious

Thank you for taking the time to investigate my concerns. It is comforting to know there is an agency to keep our roads and vehicles safe

Sincerely,



DDI-10488563

Is it possible for you to email and let me know you received? Thanks!

ODI - 10488563



SECTION

11/16/08

BRP ACCIDENT / INCIDENT REPORT	DATE OF ACCIDENT / INCIDENT	Year 2012	Month NOV	Day 02
---------------------------------------	-----------------------------	------------------	------------------	---------------

DEALER NUMBER:	NAME OF DEALER / DISTRIBUTOR: Central Texas Georgetown Power Sports	Town/City: Georgetown, Texas
Contact person at dealership: Melvin	State/Prov.: Texas	
Date of Report:	am	pm

PLEASE REPRESENT SITUATION BY DRAWING AND IDENTIFYING VEHICLE 1 AND/OR VEHICLE 2 - MAKE SURE TO COMPLETE NARRATIVE ON PAGE 5

Motorcycle caught on fire at Hotel Parking Lot with rider traveling approximately 1-2 miles per hour

VEHICLE NO. 1			
Owner's Name:	Product Experience: Hours <input type="checkbox"/> 0-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100-150 <input type="checkbox"/> 150-200 <input checked="" type="checkbox"/> 200+	Completed State/Prov. Product Safety Course: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Motorcycle Training Course	
Owner's Address:	Town/City: Hutto	State/Prov.: Texas	Year Taken: 2008
Operator's Name: (unless same as owner) as above	Occupation: Registered Nurse Emergency Room	Employer: St. David's Hospital	Certificate No.:
Operator's Address: as above	Passenger's Name:	Passenger's Address:	
Town/City:	State/Prov.:	Town/City: N/A	
Zip/Postal Code:	Tel. No.:	Zip/Postal Code:	Tel. No.:
Driver's License No.:	Coded Restrictions:	Date of Birth: Year Month Day	
Years Licensed as Driver: <input type="checkbox"/> 1-3 <input type="checkbox"/> 3-6 <input type="checkbox"/> 6-10 <input checked="" type="checkbox"/> 10+	Age:	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Date of Birth: Year Month Day	Product Experience: Hours <input type="checkbox"/> 0-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100-150 <input type="checkbox"/> 150-200 <input type="checkbox"/> 200+		

Make: Can Am	Model: B5AA	Year: 2010	Safety Devices Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
License No.:	Serial No: 2BXJBLC19A	Safety Device in Use: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Borrowed <input type="checkbox"/> Rent	Warning or Caution Statement Present: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Previous Delivery: Feb 25, 2010	Date of 1 st Recommended Inspection: April 29, 2010	Proper Operating Instructions Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Recent Service: April 21, 2012	Mileage/Hours: 12,050	Had Product Undergone Modification/Recall Approved by Manufacturer?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All up to date	
Dealer's Name: Central Texas Power Sports	Had Product Undergone Modification by Former Owner?: <input type="checkbox"/> Yes <input type="checkbox"/> No N/A		
Dealer's Address: 2534 North Austin Ave	Were All Components on Product Original?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Town/City: Georgetown	State/Prov.: Texas	If no, what was changed?	
Zip/Postal Code: 78626	Tel. No.: 512-948-9922	Were Replacement Components Sold by Product Manufacturer or Representative?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Product Registration No.:	Year of Registration:	Were All Components on Any Security Item Fastened to the Product?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were All Scheduled Maintenance Procedures Performed by an Authorized BRP Dealer?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Policy No.:	Expiry Date: Mar 11, 2013	Was Routine Lubrication and Maintenance Given to the Products as Specified by the Manufacturer?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Ins. Company: Foremost			

helmet boots and windshield



SECTION 7

83088A01-2008

ATTACHED

ACTIVITY: <u>parking in hotel</u>	Unknown <input type="checkbox"/>	Transportation <input type="checkbox"/>	Racing <input type="checkbox"/>
<u>parking lot</u>	Recreation <input type="checkbox"/>	Work <input type="checkbox"/>	Other <input type="checkbox"/>
Witnesses' Name: (if more than one please join another page / witness)			
Witnesses' Address: <u>Round Rock, TX</u>			
Phone: [REDACTED]			
Did the operator perform a pre-start check of the product before the accident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was the operator familiar with the area being traveled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Did the operator complete any appropriate safety training courses relative to product (i.e. SVIA)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If so what type? <u>Motorcycle Safety Course</u>			
Did the operator review the product safety video or DVD supplied with the vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

VEHICLE NO. 2

Owner's Name:	Product Experience:	Hours <input type="checkbox"/> 0-90 <input type="checkbox"/> 90-100 <input type="checkbox"/> 100-150 <input type="checkbox"/> 150-200 <input type="checkbox"/> 200+
Owner's Address:	Completed State/Prov. Product Safety Course: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N.A.	
Town/City:	State/Prov.:	Year Taken:
Zip/Postal Code:	Tel. No.:	Member of Product Club/Association: <input type="checkbox"/> Yes <input type="checkbox"/> No
Operator's Name: (unless same as owner)		Occupation:
Operator's Address:		Employer:
Town/City:	State/Prov.:	Passenger's Name:
Zip/Postal Code:	Tel. No.:	Passenger's Address:
Driver's License No.:	Coded Restrictions:	Town/City:
Years Licensed as Driver: <input type="checkbox"/> 1-3 <input type="checkbox"/> 3-6 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10+	Date of Birth:	State/Prov.:
Date of Birth: Year Month Day	Age:	Tel. No.:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Product Experience: Hours <input type="checkbox"/> 0-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100-150 <input type="checkbox"/> 150-200 <input type="checkbox"/> 200+	Month Day
Make:	Model:	Year:
License No.:	Serial No.:	Safety Devices Present: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes specify
<input type="checkbox"/> Owned <input type="checkbox"/> Borrowed <input type="checkbox"/> Rent	Safety Device in Use: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes specify	
Date of Pre-delivery:	Date of 1 st Recommended Inspection:	Warning or Caution Statement Present: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes specify
Date of Recent Service:	Mileage/Hours:	Proper Operating Instructions Present: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes specify
Dealer's Name:	Had Product Undergone Modification/ Recall Approved by Manufacturer?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dealer's Address:	Had Product Undergone Modification by Former Owner?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Town/City:	State/Prov.:	Were All Components on Product Original?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip/Postal Code:	Tel. No.:	Were All Components on Any Security Item Fastened to the Product?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Product Registration No.:	Year of Registration:	Were Replacement Components Sold by Product Manufacturer or Representative?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what was changed?	
Policy No.:	Expiry Date:	Were all scheduled maintenance procedures performed by an Authorized BRP dealer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Ins. Company:	Was Routine Lubrication and Maintenance Given to the Products as Specified by the Manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No	



INJURY DATA						
Person Involved		TYPE OF INJURY	Death	Exposure	Bruises	Burns
Address:			Fracture	Sprain	Lacerations	Internal
Hb Hb, TX		PART OF BODY INJURED	Head	Back	Abdomen	Lower Limb
	no injury		Face/Neck	Chest	Upper Limb	Other
If more than one person was injured, please join another page per person						
Was the person injured in?	<input type="checkbox"/> Vehicle 1	<input type="checkbox"/> Operators	<input type="checkbox"/> Passenger	<input type="checkbox"/> Other Please specify:		
	<input type="checkbox"/> Vehicle 2	<input type="checkbox"/> Operators	<input type="checkbox"/> Passenger	<input type="checkbox"/> Other Please specify:		
CLOTHING:	Suit <input type="checkbox"/>	Boots/Duck Shoes <input type="checkbox"/>		Visor/Goggles <input type="checkbox"/>		
	Wetsuit <input type="checkbox"/>	Gloves/Mitts <input type="checkbox"/>		Life Jacket <input type="checkbox"/>		
Doctor's Name:						
Doctor's Address:						
Length of Stay Hospital: N/A						
Accident Reported to:						
Was the person injured aware that what he was doing might result in injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Was there anything to distract the injured person's attention from what he was doing?	<input type="checkbox"/> Yes <input type="checkbox"/> No What?					
Had anything happened to upset the person injured that day or at the time of accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No What?					
Was the person injured unusually tired or fatigued that day, or at the time of accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Was the person injured ejected from product?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so How?					
Was the person injured entrapped by product?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so by What?					
Was the person injured in a hurry at the time of the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the person injured or any member of his family had injury, accident or close call from this previous activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so What?					
Had the person injured taken any precautions to prevent an accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so What?					
Was the person injured familiar with the proper operation of the product?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Was the person injured informed of proper driving position/techniques before riding the product?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Was passenger wearing adequate clothing/helmet/lifejacket	<input type="checkbox"/> Yes <input type="checkbox"/> No					
How often had the person injured performed this specific activity before?						
Describe activities of person injured leading up to and at time of injury:						
Describe physical condition of person injured at time injury (consider: wearing glasses, handicapped or disabled, influenced by alcohol or drugs, mentally ill, chronically ill):						
Had the operating literature been read and understood by the person injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If no Why?						
Had victim ever been involved in another accident other than with this product? (Motor vehicle, Marine, Occupational, Recreation, Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If so When?						
Was the person injured informed of proper driving position/techniques before riding the product?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Was passenger wearing adequate clothing/helmet/lifejacket	<input type="checkbox"/> Yes <input type="checkbox"/> No					



88401-7070

SECTION

Annex 65

ACTIVITY:	Unknown <input type="checkbox"/>	Transportation <input type="checkbox"/>	Racing <input type="checkbox"/>
	Recreation <input type="checkbox"/>	Work <input type="checkbox"/>	Other <input type="checkbox"/>
Witnesses' Name: (if more than one please add a page)			
Witnesses' Address:			
			Phone:
Did the operator perform a pre-start check of the product before the accident?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was the operator familiar with the area being traveled?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the operator complete any appropriate safety training courses relative to product (i.e. SVIA)? If so what type?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the operator review the product safety video or DVD supplied with the vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PROPERTY DAMAGE VEHICLE 1	
Vehicle/Components:	ESTIMATED COST OF REPAIR:
	Vehicle: \$ 7,058-
Environment/Private:	Property: \$ 2,900.00
	Total: \$ 10,000

PROPERTY DAMAGE VEHICLE 2	
Vehicle/Components:	ESTIMATED COST OF REPAIR:
	Vehicle: \$
Environment/Private:	Property: \$
	Total: \$

IF OTHER VEHICLE INVOLVED, ADD ANOTHER SHEET

ACCIDENT / INCIDENT DATA							
Road, Right of way <input type="checkbox"/>	River <input type="checkbox"/>	Private Trail <input type="checkbox"/>	Railroad <input type="checkbox"/>	Sea <input type="checkbox"/>	Open Field <input type="checkbox"/>	Hilly Mountains <input type="checkbox"/>	
Ditch <input type="checkbox"/>	Public Trail <input type="checkbox"/>	Stream <input type="checkbox"/>	Lake <input type="checkbox"/>	Wooded <input type="checkbox"/>	Other <input checked="" type="checkbox"/> Hotel Parking Lot		
Type of Terrain:							
Unknown <input type="checkbox"/>	Crest Cover <input type="checkbox"/>	Slope Up <input type="checkbox"/>	Side Slope <input type="checkbox"/>	Straight <input type="checkbox"/>			
Level <input checked="" type="checkbox"/>	Bottom of Hill <input type="checkbox"/>	Slope Down <input type="checkbox"/>	Curve <input type="checkbox"/>	Other <input type="checkbox"/>			
Surface Cover / Type:		Precipitation:		Visibility:		Ambient Temperature:	
Bare Ground <input type="checkbox"/>	Ice <input type="checkbox"/>	Complete Cover <input type="checkbox"/>	None <input checked="" type="checkbox"/>	Snow <input type="checkbox"/>	None <input checked="" type="checkbox"/>	Precipitation <input type="checkbox"/>	Actual Temperature: <input type="checkbox"/> °C
Soft Snow <input type="checkbox"/>	Calm Water <input type="checkbox"/>	Partial Cover <input type="checkbox"/>	Rain <input checked="" type="checkbox"/>	Sleet <input type="checkbox"/>	Darkness <input type="checkbox"/>	Fog-Smoke-Dust <input type="checkbox"/>	<input type="checkbox"/> °F
Hard Pack Snow <input type="checkbox"/>	Rough Water <input type="checkbox"/>	Asphalt <input checked="" type="checkbox"/>		Hail <input type="checkbox"/>	Other <input type="checkbox"/>		~75° <input checked="" type="checkbox"/> °F
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Other <input type="checkbox"/>		Other <input type="checkbox"/>		
Location of Accident: 1702 Seawall Blvd Galveston TX 77550					Estimated Speed: Vehicle 1 - 2 mph		
TIME OF ACCIDENT / INCIDENT: 3 PM		Morning <input type="checkbox"/>		Afternoon <input checked="" type="checkbox"/>		Night <input type="checkbox"/>	

October 2008
vdc2009-001_120_Accident_report_L

BRP

3



NARRATION REPORT BY PERSON INVOLVED

If narration is done by someone else than the person involved, please identify yourself and sign the Narration report:

Attach Police or Fire Department reports include photographs of: Vehicle Scene Injuries

Motorcycle caught on fire while parking at Hotel parking lot (private property) November 2, 2013, traveling 1-2 mph.

On November 2 2013, my friend [redacted] and I traveled from Austin, TX to Galveston, TX for the annual LoneStar Bike Rally with the South Austin Riders Motorcycle Group [redacted] a spider roadster. At approximately 3PM [redacted] I arrived @ our hotel (Holiday Inn Sun Spree Resort) on the seawall. We parked under the hotel awning, turned off our bikes and went inside to check in. After ten minutes or so, I restarted my bike to go park in the designated parking spaces. Flames came out from under my seat on the left side near the fuel tank. I immediately jumped off the bike and obtained a fire extinguisher from the hotel lobby. I put out the fire as [redacted] called the fire department from her cell phone while still on her spider. The fire was extinguished by the time Galveston Fire Department arrived. see attached Fire Marshall Report and photographs. No injuries were involved. The bike was towed to Manasco Power Sports at 10222 Gulf Freeway Houston, TX 77054 - 281-480-4604. A repair order of \$7056.76 has been submitted to the insurance company (Foremost) as an estimate. The last fill up of gasoline was approximately 50 miles prior to the fire in Sugarland, TX. Receipts are available if requested. It was the third time gas was obtained that day.

I consider myself an experienced rider. I have taken the motorcycle safety course in 2008, own another motorcycle, and have vacationed on this bike to Key West Florida earlier this year. I realize accidents happen as I have been an Emergency room nurse over 20 years. But quite frankly, I am afraid to get back on this bike once it's repaired. Please review my service records. It has been towed twice prior to this incident and had a cracked Header Pipe at 4,000 miles. All service maintenance has been completed as scheduled. I even purchased an extended warranty for 5 years due to the problems I experienced. I am very safety conscious. Why would I feel safe getting back on a bike that caught fire for no obvious reason? After reviewing complaints on line at www-odi.orba.dot.gov it is clear there is some sort of safety defect. I am sure engineers are looking into this but what does it take to force a recall? Multiple incidents with fires have occurred and some bikes have burned to the ground. Thank goodness I was only parking and traveling at minimal speed and not on a highway. Luckily I was able to jump off and did not suffer any injuries. Despite all the problems I've had, I loved my Spider. However, I am hesitant to get back on the bike since the problem was not identified, therefore unable to be solved. Signature: [redacted] owner and rider
Unfortunately, I see fatalities and burn victims everyday in my line of work. I do NOT want to become one of them!!!
Narration date: Dec 2, 2013



3945230 - [REDACTED] - 2BXJBLC19AV [REDACTED]
From: "Snyder-Heallis, Natasha" <natasha.snyder-heallis@brp.com>
To: [REDACTED]

Thursday, December 13, 2012 3:35 PM



As per our conversation of December 05, 2012, the decision concerning your Spyder RT-S SM5 2010 has been resolved by your insurance company who has decided to cover the repairs on your unit.

At this moment, as it seems to have already have been resolved, BRP will not be able to take an additional decision on this event.

We will not be able to comply with your request, which was to replace the unit.

We will continue to support your dealer for technical assistance if needed.

Please note that the unit is also out of warranty since April 29, 2012 and will gladly answer any futher questions if needed.

Thank you,

--



NATASHA S.
CAC Senior Analyst - SPYDER Specialist - Customer service Supervisor
CAC Analyste Senior - Spécialiste SPYDER - Superviseur Service à la clientèle
BRP
75 J.A. Bombardier | Sherbrooke | Québec | Canada | J1L 1W3
T 819.566.3366 x3091 | F 819.566.3062
www.brp.com

BRP takes no responsibility
ODI-10488563

DDI-10488563 Fire Marshall Report

A MM DD YYYY <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS -1 Basic	
HA707 <small>FDID *</small>	TX <small>State *</small>	11 02 2012 <small>Incident Date *</small>	1 <small>Station</small>
		12-0005746 <small>Incident Number *</small>	000 <small>Exposure *</small>
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 checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions		1233 -00 <small>Census Tract</small>	
[Redacted] [Redacted] <small>Number/Milepost Prefix Street or Highway</small>		BLVD <small>Street Type Suffix</small>	
[Redacted] GALVESTON <small>Apt./Suite/Room City</small>		TX [Redacted] <small>State Zip Code</small>	
Cross street or directions, as applicable			
C Incident Type * 130 Mobile property (vehicle) fire, Incidents <small>Incident Type</small>		E1 Date & Times Midnight is 0000 Check boxes if these are the same as Alarm Date. ALARM always required Alarm * 11 02 2012 15:05:51 ARRIVAL required, unless canceled or did not arrive	
D Aid Given or Received* 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		E2 Shift & Alarms Local Option Shift or Alarms District Platoon C 01 1	
[Redacted] [Redacted] <small>Their FDID Their State</small>		E3 Special Studies Local Option Special Study ID# Special Study Value	
[Redacted] <small>Their Incident Number</small>		[Redacted] [Redacted] [Redacted] <small>LAST UNIT CLEARED, required except for wildland fires</small>	
F Actions Taken * 10 Fire control or extinguishment, other <small>Primary Action Taken (1)</small> Additional Action Taken (2) Additional Action Taken (3)		G1 Resources * <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0002 0005 EMS Other <input type="checkbox"/> 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 \$ [Redacted] , [Redacted] 003 , [Redacted] 000 Contents \$ [Redacted] , [Redacted] 000 , [Redacted] 000 PRE-INCIDENT VALUE: Optional Property \$ [Redacted] , [Redacted] 025 , [Redacted] 000 Contents \$ [Redacted] , [Redacted] 000 , [Redacted] 000	
Completed Modules <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		H1* Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input checked="" type="checkbox"/> Detector did not alert them 0 <input type="checkbox"/> Unknown	
		H3 Hazardous Materials Release N <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions 2 <input type="checkbox"/> Propane gas: <11 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 < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form	
I Mixed Use Property NN <input checked="" 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 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input checked="" 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 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	
Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		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 type="checkbox"/> Residential street/driveway	
Lockup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 162 Bar or nightclub NFIRS-1 Revision 03/11/99			

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-18) 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.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City hutto

State TX Zip Code _____

L Remarks Local Option

(GE1) G26 ADV THE BIKE IS PARKED ON PRIVATE PROPERTY , WHEN OWNER CALLS IT IS BY FIRE HYDRANT ON 18TH. CANT CALL WRECKER FOR IT [11/02/12 15:25:43 CPETERSON]CORR SLOW [11/02/12 15:10:04 CPETERSON]CHIEF2 ADV FIRE OUT SLWO TRAFFIC [11/02/12 15:09:52 CPETERSON]BIKE ON FIRE IN PLOT AWAY FROM BUILDING [11/02/12 15:04:50 CPETERSON]

11/02/2012 15:51:48 SYE5651

ARRIVED ON SCENE TO FIND A MOTORCYCLE THAT HAD BURNED AND WAS EXTINGUISHED UPON OUR ARRIVAL

ODI-10488563

L Authorization

5651 Syers, William DR. _____ 11 02 2012
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. Member making report ID 5651 Syers, William DR. _____ 11 02 2012
 Signature Position or rank Assignment Month Day Year

HA707
FDID *

TX
State *

MM DD YYYY
11 2 2012
Incident Date *

1
Station

12-0005746
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

(GE1) G26 ADV THE BIKE IS PARKED ON PRIVATE PROPERTY , WHEN OWNER CALLS IT IS BY FIRE
HYDRANT ON 18TH. CANT CALL WRECKER FOR IT [11/02/12 15:25:43 CPETERSON]CORR SLOW [11/02/12
15:10:04 CPETERSON]CHIEF2 ADV FIRE OUT SLWO TRAFFIC [11/02/12 15:09:52 CPETERSON]BIKE ON
FIRE IN PLOT AWAY FROM BUILDING [11/02/12 15:04:50 CPETERSON]

11/02/2012 15:51:48 SYE5651

ARRIVED ON SCENE TO FIND A MOTORCYCLE THAT HAD BURNED AND WAS EXTINGUISHED UPON OUR ARRIVAL

ODI-10488563

Syers, William /DRIVER

Syers, William /DRIVER

Member Making Report:

Officer in Charge

A	HA707 FDID *	TX State *	11 02 Incident Date *	YYYY 2012	1 Station	12-0005746 Incident Number *	000 Exposure *	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -2 Fire		
B Property Details				C On-Site Materials <input type="checkbox"/> None or Products							
B1 <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Not Residential Estimated Number of residential living units in building of origin whether or not all units became involved				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.							
B2 <input type="checkbox"/> Buildings involved <input checked="" type="checkbox"/> Buildings not involved Number of buildings involved				<input type="checkbox"/> <input type="checkbox"/> On-site material (1)		<input type="checkbox"/> <input type="checkbox"/> On-site material (2)		1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service			
B3 <input type="checkbox"/> Acres burned (outside fires) <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than one acre				<input type="checkbox"/> <input type="checkbox"/> On-site material (3)		<input type="checkbox"/> <input type="checkbox"/> On-site material (2)		1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service			
D Ignition			E1 Cause of Ignition			E2 Factors Contributing To Ignition			E3 Human Factors Contributing To Ignition		
D1 92 Highway, parking lot, street Area of fire origin *			<input type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input type="checkbox"/> Intentional 2 <input checked="" type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation			Check all applicable boxes 1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved			7 <input type="checkbox"/> Age was a factor Estimated age of person involved		
D2 UU Undetermined Heat source *			E2 UU Undetermined Factor Contributing To Ignition (1)			<input checked="" type="checkbox"/> None Factor Contributing To Ignition (2)			1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		
D3 UU Undetermined Item first ignited * 1 <input type="checkbox"/> Check box if fire spread was confined to object of origin			D4 <input type="checkbox"/> <input type="checkbox"/> Type of material first ignited Required only if item first ignited code is 00 or <70								
F1 Equipment Involved In Ignition			F2 Equipment Power			G Fire Suppression Factors					
<input type="checkbox"/> None If Equipment was not involved, skip to Section G Equipment Involved			<input type="checkbox"/> <input type="checkbox"/> Equipment Power Source			Enter up to three codes. <input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> Fire suppression factor (1)					
Brand			F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary			<input type="checkbox"/> <input type="checkbox"/> Fire suppression factor (2)					
Model			Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.			<input type="checkbox"/> <input type="checkbox"/> Fire suppression factor (3)					
Serial #											
Year											
H1 Mobile Property Involved			H2 Mobile Property Type & Make			Local Use					
<input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input checked="" type="checkbox"/> Involved in ignition and burned			18 Motorcycle, trail bike Mobile property type 00 Other Make Mobile property make			<input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other Agencies <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached					
can-am spyder Mobile property model			2010 Year								
<input type="checkbox"/> <input type="checkbox"/> License Plate Number			<input type="checkbox"/> <input type="checkbox"/> State			2BXJBLC19AV VIN Number					

001-10488563

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BDI-10488563

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Why did my CanAm Spyder catch fire?

Published on Friday February 18, 2011



Can-Am Spyder made by Bombardier. The man is Eric Lai, Bombardier's product and P.R. Manager of Bombardier on the left.

TORONTO STAR FILE PHOTO

Eric Lai
Special to the Star

Q: My BRP CanAm Spyder (3-wheel motorcycle) burst into flames during my long-

<http://www.thestar.com/wheels/article/941139--why-did-my-canam-spyder-catch-fire>

11/11/2012

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awaited vacation to the Grand Canyon via Route 66 in Santa Fe, New Mexico. When I finally returned home to Canada with the damaged bike, I called Bombardier who have been slow to respond and have denied warranty work.

They continually deny, without providing any reason why they will not honour the warranty. The facts are simple: all maintenance was done as per the owner's manual, the Spyder was operated as it was intended and there were no external circumstances that caused the fire.

An Internet search shows that many other Spyders have burst into flames, with no apparent cause, so it seems this is a common problem.

>!!

Bombardier Recreational Products (BRP) take no responsibility for the fire and are advising me to have the Spyder repaired by my insurance company. However, this will not correct whatever design defect that caused the fire, which leaves me and my property at risk.

)*

How can I possibly ride this bike again under these circumstances?

DDI-10488563

I have been trying to get this resolved with BRP for several months now and am hoping you can help.

A: Bombardier Recreational Products was invited to comment, but advised only that "BRP prefers not to discuss issues with its clients in the media."

Our reader answers that the company seems equally unwilling to discuss the issue with its customer. He says he's received no information from the company on the likely cause of the fire, nor any acknowledgment that a problem (or a suggested remedy) even exists.

As safety is your main concern, you may want to notify Transport Canada of this incident.

Transport Canada is mandated under the Motor Vehicle Safety Act to investigate complaints relating to alleged manufacturing safety defects. This includes problems with fuel system components that may cause vehicle fires. The toll-free phone number for the Defect Investigations and Recalls group of Transport Canada is 1-800-333-0510.

As the incident occurred in the United States, you also have the option of notifying the U.S. National Highway Traffic Safety Administration (NHTSA) at 1-888-327-4236.

Both government agencies state they take reports, conduct investigations where necessary, look for incident trends among similar model vehicles and, ultimately, a recall may result.

Dealership mechanics aren't trained experts in forensic fire examination and likely wouldn't be able to conclusively determine the cause of a fire (at least not to the satisfaction of a court) from examining a burned-out vehicle shell, so I asked the Ontario Fire Marshall's Office what investigation, if any, goes into finding the cause of a vehicle fire with no apparent signs of arson involved. That is, for a 'garden variety' vehicle fire, is there an effort made to source the likely electrical or mechanical failure involved?

OFM spokesperson Bev Gilbert replied:

"In general, the OFM would not investigate a simple vehicle fire with no apparent signs of arson. We would definitely investigate if there was a fatality.

"We would expect the local fire service to investigate as they must fill out a fire report. In some cases, the insurance companies will conduct an investigation and may involve Transport Canada if they saw a number of similar model vehicles involved in fires.

"Vehicle fires are extremely difficult and complex to investigate, and often the vehicle is totally destroyed, making it hard to rule out accidental causes."

Got a question? Send it to Eric Lai at wheels@thestar.ca. Include year, make, model and kilometers of auto cited, plus your name, address and telephone number. Personal replies cannot be handled due to the volume of mail.

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ODI-10488563

ODI-10488563

10-28-10- Install Wheel Lights



Can-Am Maintenance

- 4-29-2010 - 600 miles - 1st service @ 689
- 9-3-2010 Oil Light on - Towed @ 2712
- 3,000 mile maintenance (service) part of ignition switch not
- 9-12-2010 - Power Steering Recall
- 10-28-2010 - Install wheel lights - 3360 346.12
- 4-8-2011 - Cracked Header Pipe ^{antenna missing} @ 4155 292.17
- 5-18-2011 - Fuel Gauge A'd/ Install Windshield ^{they scratched} @ 4406
- 7-13-2011 - 6,000 mile service -
- 9-30-2011 - Towed from Sisterdale - ~75.00 317.91
- ⓐ rear speaker replaced
 - main switch harness unplugged
 - Ignition Switch not connected properly AGAIN!
 - needs actuator (hood release)
- 1-1-2012 - 9,000 mile service - 8450 372.33
- see list - Whew! - seat rest ^{back} installed
- PM 1-21-2012 - adjusted parking brake - not working
- 2-3-2012 - Came to house and installed new spring on parking brake
- 4-21-2012 - 12,000 mile service (~850.00) - } 1203.48
- rear tire (212.00) } total
- 11-2-2012 - Up in flames - Galveston Rally

Central Texas PowerSports
 2534 North Austin Ave
 Georgetown, TX 78626
 512-948-9922

) Melvin
Service Manager


2010 CAN-AM B5A400 2BXJBLC19AV
 VIN#

ODI-10488563

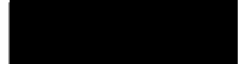
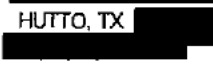
CENTRAL TEXAS

2534 NORTH AUSTIN AVE
GEORGETOWN, TX 78626
512-948-9922 877-948-9922

Repair Order Invoice


R/O Number: 31423  Invoice Number: 4220707
Date In: 4/8/2011 Today Date: 11/16/2012
Date Promised: 4/8/2011 Date Closed: 2/29/2012
Cashier: ANGELA WALKER

Repair Order For:



HUTTO, TX 

Units For This Repair Order

Service Writer: ANGELA WALKER

Year	Make	Model	VIN / Serial No.	Plate	Key Board	Miles
2010	CAN-AM	B5AA00	2BXJBLC19AV 			8452

Job: I&R RUNNING CONDITION (Warranty Claim Number: )

Job For: 2010 CAN-AM B5AA00 RT-S 2BXJBLC19AV 

UNIT "SKIPS" AT 4K RPMS STRUGGLES
POSSIBLE EXHAUST LEAK
SHE ALSO SMELLS GAS


Parts

Part Number	Quantity	Description	Each Price	Extension
707600634	1	TUNE PIPE FR	Warranty	Warranty
707600296	1	SEAL	Warranty	Warranty
707600650	1	SLIP JOINT	Warranty	Warranty
Parts Subtotal				Warranty

Labor

Description	Job Code	Technician	Quantity	Line Total
I&R RUNNING CONDITION		MIKE HANSEN	3 Hours	Warranty
Labor Subtotal				Warranty
Job Subtotal				Warranty

Job: ANTENNA PLUG MISSING (Warranty Claim Number: )

Job For: 2010 CAN-AM B5AA00 RT-S 2BXJBLC19AV 

Parts

Part Number	Quantity	Description	Each Price	Extension
710001402	1	ANTENNA	Warranty	Warranty
Parts Subtotal				Warranty
Job Subtotal				Warranty







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Office of Defects Investigation/CRD
1200 New Jersey Ave SE
Washington, DC 20590

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