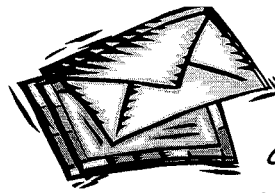


NHTSA ccmMercury Routing Slip



CL-10610412-2472

Printed: 7/10/2014

INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

NHTSA #: ES14-002841

XREF #:

Delivery: REG

Rec'd Date: 7/10/2014

Doc Type: CNG

Address To: DOT/I

Referred By: NPO-011

Doc Date: 7/10/2014

Due Date: 7/31/2014

S10 #:

DOT/I #: S - 2014 133

RMP #:

**Subject: LETTER FROM SENATOR BROWN ON BEHALF OF CONSTITUENT [REDACTED] RE
VEHICLE RECALL**

Ack Date:

Sign Office: ACTING DIR. GOVT.

AFFAIRS

Cleared Date:

File Loc:

Added By: CBUTLER x60180

Ack By:

Signature: KRISTIN J. KINGSLEY

Cleared By:

XREF File:

Modified By: Chris.Butler

Signed For:

Cleared For:

Closed Date:

Most Recent Comment:

Author:

THE HONORABLE SHERROD BROWN

UNITED STATES SENATOR

1301 EAST 9TH STREET

SUITE 1710

CLEVELAND, OH 44114

Tel: 216 522 7272 Fax: 216 522 2239 E-mail:

JUL 11 2014

Assigned To	Task	Asgn Date	Deadline	Returned Date
NGA-110	SIGN	7/10/2014		
NVS-200	REPLY	7/10/2014	7/31/2014	
NVS-010	INFORMATION	7/10/2014		7/10/2014
NOA-010	INFORMATION	7/10/2014		7/10/2014
NOA02	INFORMATION	7/10/2014		7/10/2014

AM
7/11/14
SMR

SHERROD BROWN

OHIO

COMMITTEES:

AGRICULTURE, NUTRITION,
AND FORESTRY

BANKING, HOUSING,
AND URBAN AFFAIRS

FINANCE

VETERANS' AFFAIRS

SELECT COMMITTEE ON ETHICS

United States Senate

WASHINGTON, DC 20510 - 3505

July 10, 2014

Mr. Dana Gresham
Assistant Secretary for Governmental Affairs
U.S. Department of Transportation Office of the Secretary
1200 New Jersey Ave, S.E.
Washington, DC 20590

Dear Mr. Gresham:

Enclosed please find a Request for Assistance from [REDACTED]

[REDACTED] contacted me regarding a situation in which a vehicle she owned was subject to a fire in the engine compartment. After the fire and the loss of the vehicle [REDACTED] learned that the occurrence of a fire in the engine compartment of this particular vehicle was cause for a recall.

Please review this matter and provide me with your comments and recommendations for any actions that can be taken to resolve this situation. Your response should be directed to my Cleveland office at 1301 East 9th Street, Suite 1710, Cleveland, Ohio 44114 (Phone: 216-522-7272; Fax: 216-522-2239).

Thank you for your attention to this request.

Sincerely,



Sherrod Brown
United States Senator

SB:jp

Enclosure

cc: [REDACTED]

From: [REDACTED]

06/25/2014 15:08

#566 P.002/010



Request for Assistance

SENATOR SHERROD BROWN

NAME [REDACTED] HOME PHONE ()

ADDRESS [REDACTED] CELL PHONE [REDACTED]

CITY Massfield WORK PHONE ()STATE OH ZIP [REDACTED] COUNTY Richland EMAIL [REDACTED]SS# [REDACTED] Medicare# CLAIM#/CASE# 10085088

(Provide these numbers only if necessary to investigate your case.)

Dear Senator Brown:

I am seeking your assistance in a personal matter involving the federal government. I hereby authorize your office to request, on my behalf, that the appropriate federal agency or agencies investigate the following:
(Use reverse side or additional paper, as needed.)

I further authorize, under the provisions of the Privacy Act of 1974, that the agency or agencies involved have my permission to disclose information from their records about my case or claim to the office of Senator Sherrod Brown.

SIGNATURE [REDACTED] DATE 06/25/14

Please return this completed form and any other relevant information to:

Senator Sherrod Brown, 1301 East 9th Street, Suite 1710, Cleveland, OH 44114**Phone: 216-522-7272 Fax: 216-522-2239**

From: [REDACTED]

06/25/2014 15:08

#566 P.003/010

Senator Sherrod Brown,

Around the second week of June I received a post card dated May 2014 about a recall on a 2000 Pontiac Grand Prix I previously owned & lost Jan 8, 2013 due to a engine compartment fire, which is what the post card stated the recall was for & I also have a report from my local fire department stating I lost the vehicle due to a engine compartment fire. At that point I contacted the number on the card, I spoke with a gentlemen by the name of Walter, after answering a few questions he informed me there was nothing could be done because I no longer had the vehicle which I had no choice but to junk upon my landlords request. I then asked for a copy of the policy so I could have an understanding on how the recalls work, Walter then stated there is not a policy that could be shared with me. I then contacted the Better Business Bureau, claim number 1008588 to see if they could help me get a policy or guidelines. June 12, 2014 I received a call from Melissa which I believe she was with GM recall, she also stated there was not a policy that could be shared with me because it was private. So I faxed over a letter to the BBB letting them know that GM had contacted me & what was said. Later that evening I received an email from the BBB with an attachment from Melissa again stating there was not a policy that could be shared with me, I responded to the email rejecting their response due to I am asking for something showing the procedure/ policy. I'm honestly looking for some sort of refund due to I lost my job as an home health aide because I had no transportation, I've been without a vehicle up until June 20, 2014 & now stuck with a car payment I can barely afford. If there is anything your office can assist me with it would greatly appreciated.

Thank you, [REDACTED]

From: [REDACTED]

06/25/2014 15:09

#586 P.004/010

SEE YOUR LOCAL GM DEALER

[REDACTED]
MANSFIELD, OH [REDACTED]

THIS SERVICE WILL BE PROVIDED AT **NO CHARGE** TO THE OWNER.



AS A VALUED PONTIAC OWNER, WE WANT TO LET YOU KNOW THAT GM IS COMMITTED TO QUALITY PRODUCTS AND CUSTOMER SATISFACTION.

ACCORDING TO OUR RECORDS, AS OF MAY 2014, SERVICE HAS NOT BEEN COMPLETED ON THE FOLLOWING OPEN RECALL(S) FOR YOUR PONTIAC GRAND-PRIX:

07095 ENGINE COMPARTMENT FIRE

1800-762-2737

1-800-231-1841



GMRPCU511B 00055293

BAC-00000151999

BY THE WAY, WE'VE GOT A SPECIAL OFFER FOR YOU. VISIT US AT GM.COM/SALES

1G2WR621X [REDACTED]

From

06/25/2014 15:08

#566 P.005/010

A FDID <u>70009</u> * State <u>OH</u> * Incident Date <u>MM DD YYYY</u> <u>01 08 2013</u> Station <u>1</u> Incident Number <u>13-0000172</u> * Exposure <u>000</u> *		☐ Delete ☐ Change ☐ No Activity		NFIRS -1 Basic	
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.					
☒ Street address ☐ Intersection ☐ In front of ☐ Rear of ☐ Adjacent to ☐ Directions					
Number/Milepost Prefix Street or Highway _____ Street Type _____ Suffix _____ Apt./Suite/Room City <u>MANSFIELD</u> State <u>OH</u> Zip Code _____ Cross street or directions, as applicable _____					
C Incident Type * <u>131</u> Passenger vehicle fire Incident Type		E1 Date & Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm always required Alarm * <u>01</u> <u>08</u> <u>2013</u> <u>08:08:15</u> ARRIVAL required, unless canceled or did not arrive ☒ Arrival * <u>01</u> <u>08</u> <u>2013</u> <u>08:12:39</u> CONTROLLED Optional, except for wildland fires ☐ Controlled LAST UNIT CLEARED, required except for wildland fires ☒ Last Unit ☒ Cleared <u>01</u> <u>08</u> <u>2013</u> <u>08:36:46</u>		E2 Shift & Alarms Local Option ☐ C <u>01</u> Shift or Alarms District District	
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		E3 Special Studies Local Option Special Study ID# _____ Special Study Value _____		Their FDID Their State Their Incident Number	
F Actions Taken * <u>11</u> 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 <u>0001</u> <u>0003</u> 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 \$ _____, _____, _____ ☒ Contents \$ _____, _____, _____ ☒ PRE-INCIDENT VALUE: optional Property \$ _____, _____, _____ ☐ Contents \$ _____, _____, _____ ☐	
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 rupture actions 2 ☐ Propane gas: ≥ 1 lb. tank (as in home 900 gpa)l 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, cleaning only 7 ☐ Motor oil: from engine or portable container 8 ☐ Paint: from paint cans totaling ≤ 55 gallons 0 ☐ Other: Special Market actions required or spill > 55 gal., Please complete the Market form.	
J Property Use* Structures .31 ☐ Church, place of worship .61 ☐ Restaurant or cafeteria .62 ☐ Bar/Tavern or nightclub .13 ☐ Elementary school or kindergarten .15 ☐ High school or junior high .41 ☐ College, adult education .11 ☐ Care facility for the aged .31 ☐ Hospital Outside .24 ☐ Playground or park .55 ☐ Crops or orchard .69 ☐ Forest (timberland) .07 ☐ Outdoor storage area .19 ☐ Dump or sanitary landfill .31 ☐ Open land or field		341 ☐ Clinic, clinic type infirmary 342 ☐ Doctor/dentist office 361 ☐ Prison or jail, not juvenile 419 ☐ 1- or 2-family dwelling 428 ☐ 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 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		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 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 <u>962</u> Residential street, road or _____ NFIRS-1 Revision 03/11/99	

From

06/25/2014 15:09

#586 P.006/010

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-19) 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

State

Zip Code

Remarks

Local Option

911//in the rear there is a vehicle on fire [01/08/13 08:08:34 SMEISTER]

E-1 ARRIVED ON SCENE TO FIND A CAR FIRE IN DRIVE WAY AT REAR OF RESIDENCE. FIRE WAS MAINLY IN ENGINE COMPARTMENT OF VEHICLE. E-1 STRETCHED A PRE-CONNECT 1 3/4" ATTACK LINE AND EXTINGUISHED THE FIRE. OWNER STATED SHE HAS BEEN HAVING PROBLEMS AND HAD JUST GOT HOME FROM DRIVING VEHICLE. NO EXTENSION INTO PASSENGER COMPARTMENT WAS NOTED.

01/08/2013 09:54:35 JBOEBEL

Authorization

1045

Officer in charge ID

Boebel, Joseph P

Signature

FCI

Position or rank

Assignment

01

Month

08

Day

2013

Year

tick if ☒ 1045

no Officer Member making report ID charge.

Boebel, Joseph P

Signature

FCI

Position or rank

Assignment

01

Month

08

Day

2013

Year

From

06/25/2014 15:10

#566 P.007/010

A Jun. 10, 2014- 2:12PM City of Mansfield Fire Dept. No. 2451 P. 1/1	
70009 OH 01 08 2013 1 13-0000172 000	Change ☐ No Activity ☐ NRHS -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	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.
B2 ☒ Buildings not involved Number of buildings involved	On-site material (1) ☐ Bulk storage or warehousing ☐ Processing or manufacturing ☐ Packaged goods for sale ☐ Repair or service
B3 ☐ None Acres burned (outside fires) ☐ Less than one acre	On-site material (2) ☐ Bulk storage or warehousing ☐ Processing or manufacturing ☐ Packaged goods for sale ☐ Repair or service
B3 ☐ None Acres burned (outside fires) ☐ Less than one acre	On-site material (3) ☐ Bulk storage or warehousing ☐ Processing or manufacturing ☐ Packaged goods for sale ☐ Repair or service
D Ignition	
D1 83 Engine area, running Area of fire origin *	E1 Cause of Ignition ☐ Check box if this is an exposure report. Skip to section G
D2 UU Undetermined Heat source *	1 ☐ Intentional 2 ☐ Unintentional 3 ☒ Failure of equipment or heat source 4 ☐ Act of nature 5 ☐ Cause under investigation U ☐ Cause undetermined after investigation
D3 UU Undetermined Item first ignited * ☐ Check box if fire spread was confined to object of origin	E2 Factors Contributing To Ignition ☒ None Factor Contributing To Ignition (1) UU Undetermined Factor Contributing To Ignition (2)
D4 ☐ ☐ Type of material first ignited Required only if item first ignited code is 00 or <70	E3 Human Factors Contributing To Ignition Check all applicable boxes 1 ☐ Alcohol ☒ 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 of 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 grand prix Mobile property model 2000 Year 1G2WR521XXF VIN Number
I Local Use ☐ Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other agencies ☐ Action report attached ☐ Police report attached ☐ Coroner report attached ☐ Other reports attached	
NRHS-2 Revision 01/19/99	

From

06/25/2014 15:10

#566 P.008/010

Complaint Data

Page 1 of 2

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Complaint ID 10085088

WHAT DO I DO NEXT?

Complaint Data

The consumer has rejected the company offer in regards to this complaint, and the BBB has forwarded it to the business for review

COMPLAINT DETAIL / PROBLEM

Nature of Complaint: Product Issues - The product I purchased was defective

PICK YOUR NEXT STEP:

Problem:

There is nothing for you to do on this complaint right now.

Around the end of May I recived a post card form the recall center stating my Pontiac Grand Prix was under recall for engine compartment fire, which I lost due to an engine compartment fire on 01/08/14. I then contacted the recall center (6/09/14) gave all the information requested I was then told someone would contact me within 24 hours. I contacted the center(6/10/14) before they had a chance to contact me due to my work hours. I then spoke with Walter, he took information & asked for the car or pictures, which I junked because I had no clue about the recall, & I had no choice but to get rid of the car upon my landlords request & I have no photos. After Walter making me very upset wanting the car that burned over a year ago I hung up on him. I called back & spoke with Martina (her name may be incorrect) asking for a copy of there policy so I can have a better understanding on how the recall processing works, she then informed me they dont have a policy & if I didnt have the car they couldnt help me.

Address on postcard

GMAC Insurance

Address:

P.O. Box 63199

DESIRED SETTLEMENT / OUTCOME

Desired Settlement: Refund

Desired Outcome:

I would like some sort of refund, due to I lost a car I purchased & was without a car over a year due to a issue with there product

From

08/25/2014 15:11

#586 P.009/010

Constance.

6/12/14

Today (6/12/14) I received a call from Melissa from B.M. After answering a few questions, Melissa informed me that there is not a policy that could be shared, because policy is private. Which is beyond my understanding. I thought every business has a policy. After not getting answers I was feeling so so I told her it would B.B.B handle the situation.



Phone call came in about 11:50.

Better Business Complaint
Complaint # 1008588

2677 Central Park Blvd Ste 100 } Connie
Southfield MI, 48076
248-223-9400

Constance Stevens
248-799-0327
248-356-5156 for

1888-896-6446

614-469-2083

Contacted Sen Sherrod Brown 6/13/14
By email

Received an email from Constance on 6/13/14
with attachments from Melissa

Walter 1st call 6/9/14 someone will
contact me

2nd call 6/10/14



2014 Senate Input Form for Governmental Affairs Correspondence Control Sheet (I-10), W85-328



Control Number S - 2014 133

General

Date DOT Received 7/10/2014
Date DOT Entered 7/10/2014
Member's Date 7/10/2014
Member Last Name Brown
Member First Name Sherrod
Member Organization United States Senator
Address1 1301 East Ninth Street, Suite 1710
Address2
City Cleveland
State OH
Zip 44114

Constituents

File Name [REDACTED]
Date 7/10/2014
Subject Vehicle Recall
Action Office NHTSA
Action Code
Due Date 7/31/2014

Contacts

MemberContact John Patterson
Phone (216) 522-7272
Pending ☐
Closed Date
Remarks
DOT Contact Maria Harrison at (202) 366-4573

Notes:



Office of U.S. Senator Sherrod Brown

FAX TRANSMISSION

TO: Dana Gresham

DATE: 7/10/14

FAX NUMBER: (202) 366-3675

NUMBER OF PAGES, INCLUDING THIS COVER SHEET: 11

FROM:

**John Patterson
Senator Sherrod Brown
1301 East Ninth St., Suite 1710
Cleveland, Ohio 44114**

John_Patterson@brown.senate.gov

Phone: 216-522-7272

Fax: 216-522-2239

Subject: [REDACTED]