

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(D)(6) 1/21/2015



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

Date Received	Repository <input type="checkbox"/>
21-JAN-2015	Reference No. 10677070

OWNER INFORMATION (Type or Print)

Name			
Address			
City	State	ID	Zip Code
JEROME			

Daytime Telephone Number	E-mail Address
Evening Telephone Number	

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GBGG39K2RF		Make CHEV	Model EXP	Model Year 1994
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type: GAS
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 20-JUN-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: ENGINE (PWS)	Failure Mileage 77000	Failure Speed NO Key in Ignition PARKED - Turned OFF
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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: DOTM1A9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police N. Yes - They came with Fire Dept.
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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 1994 CHEVROLET EXPRESS VAN. THE CONTACT STATED THAT AFTER SHUTTING THE ENGINE OFF, HEAVY SMOKE STARTED TO EMIT FROM UNDER THE HOOD AND FLAMES BECAME PRESENT. THE FIRE DEPARTMENT WAS CONTACTED AND EXTINGUISHED THE FLAMES. THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 77,000.

after sitting @ 5 min. (we had been to Dr. - stopped for a few groceries - After parking - husband went into house - bathroom visit - said - wait - I'll help you get food out - When he came out the door - I was looking down - Raised my head to see SMOKE coming out - his, Driver side, from under the hood. I went in house to call 911 - The Police were here in a hurry - kept pushing me back - & back - Fire Dept. thought the PO phone would explod (It was empty - We were 2 DAYS from selling it).

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 to 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Purchased @ July 2005! It had 49,000 mi on it - from Private Party - We had Belts etc. replaced + New Tires, Battery etc. (Needed this type Van for Potty Breaks etc.) Had Reg. maintenance done!

My legs felt HOT while trying to get out of Van - The Deputy kept moving me back - afraid the propane tank would explode - It was empty. I was in SHOCK for months as I had saved 16 yrs. to buy one. My legs were Red - Turned Purple Never had that problem before!

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

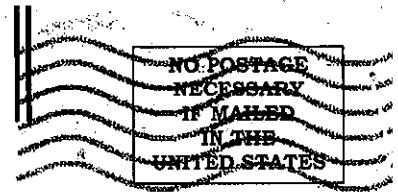
National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

BOISE ID 837

14 MAR 2015 PM 1 L



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC


POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



SAFERCARGOV

Think your vehicle has a safety defect?



If so:


Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline
888-327-4236



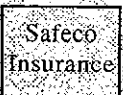
Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

**SAFECO INSURANCE COMPANY OF ILLINOIS
AUTOMOBILE POLICY DECLARATIONS
(CONTINUED)**

*Paid @ said Not my
fault - No Pay!*

CONGRATULATIONS! YOUR PREMIUM INCLUDES DISCOUNTS FOR:
Accident Free, Violation Free, Homeowners, Multi-Car

FACE OF THIS DOCUMENT HAS A SECURITY FEATURE

		
IDAHO LIABILITY INSURANCE IDENTIFICATION CARD COMPANY SAFECO INSURANCE COMPANY OF ILLINOIS		
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
[REDACTED]	JUNE 29 2014	DEC. 29 2014
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
1994	CHEVROLET	1GBGG39K2RF [REDACTED]
AGENCY/COMPANY ISSUING CARD		
INTERMOUNTAIN FINANCIAL GROUP		
(208) 886-7686		
36 N HIGHWAY 75		
SHOSHONE ID 83352-5158		
INSURED		
[REDACTED]		
JEROME ID: [REDACTED]		
SEE IMPORTANT NOTICE ON REVERSE SIDE		
CN-7028/EP 12/08		

1223X

**SAFECO INSURANCE COMPANY OF ILLINOIS
AUTOMOBILE POLICY DECLARATIONS**

NAMED INSURED:

[REDACTED]
JEROME ID [REDACTED]

RENEWAL

POLICY PERIOD FROM: JUNE 29 2014
TO: DEC. 29 2014

at 12:01 A.M. standard time at
the address of the insured as
stated herein.

AGENT:

INTERMOUNTAIN FINANCIAL GROUP
36 N HIGHWAY 75
SHOSHONE ID 83352-5158

AGENT TELEPHONE:
(208) 886-7686

RATED DRIVERS			
1995 FORD	RANGER	2 DOOR PICK-UP	ID# 1FTCR10A2SP [REDACTED]
1994 CHEVROLET	G30 SPORTVAN/VAN	4 DOOR	ID# 1GBGG39K2RF [REDACTED]

Insurance is afforded only for the coverages for which limits of liability or premium charges are indicated.

COVERAGES	1995 FORD LIMITS	PREMIUMS	1994 CHEV LIMITS	PREMIUMS
COMBINED SINGLE LIMIT:				
BODILY INJURY & PROPERTY DAMAGE LIABILITY	\$100,000 Each Occurrence	\$ 251.70	\$100,000 Each Occurrence	\$ 266.90
MEDICAL PAYMENTS	\$1,000	11.00	\$1,000	7.30
UNINSURED MOTORISTS:				
BODILY INJURY	\$50,000 Each Person \$100,000 Each Accident	13.80	\$50,000 Each Person \$100,000 Each Accident	13.80
UNDERINSURED MOTORISTS:				
BODILY INJURY	\$50,000 Each Person \$100,000 Each Accident	13.70	\$50,000 Each Person \$100,000 Each Accident	13.70
	TOTAL	\$ 290.20	TOTAL	\$ 301.70

TOTAL EACH VEHICLE: 1995 FORD \$ 290.20
1994 CHEV 301.70

PREMIUM SUMMARY
VEHICLE COVERAGES \$ 591.90

TOTAL 6 MONTH PREMIUM FOR ALL VEHICLES \$ 591.90

IF YOU PAY IN FULL THE PREMIUM WILL BE REDUCED TO \$ 546.10*
*This includes the available \$ 45.80 billing plan discount.

You may pay your premium in full or in installments. There is no installment fee for the following billing plans: Full Pay, Annual 2-Pay. Installment fees for all other billing plans are listed below. If more than one policy is billed on the installment bill, only the highest fee is charged. The fee is:
\$2.00 per installment for recurring automatic deduction (EFT)
\$2.00 per installment for recurring credit card or debit card
\$5.00 per installment for all other payment methods

-CONTINUED-

P O BOX 515097, LOS ANGELES, CA 90051

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