

INFORMATION Redacted PURSUANT TO THE FREEDOM OF



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

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) FOR AGENCY USE ONLY 100148

**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

Date Received	Repository <input type="checkbox"/>
14-JUL-2015	Reference No. 10733845
SEP 02 2015	

OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
AGUSTA	GA	[REDACTED]	
Daytime Telephone Number		E-mail Address	
[REDACTED]			
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		Make	Model	Model Year
1G2WK52J9F [REDACTED]		PONTIAC	GRAND PRIX	2002
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
5/20/04	Direct Rental Car Sales		No: Cylinders	G
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
	Augusta	GA	30907	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)
Auto	<input checked="" type="checkbox"/> Cruise Control			13-MAY-2013

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 140000 AIR BAGS	Failure Mileage	Failure Speed
	145000	

**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: DOTM19ABC036)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police
		1	0	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 OWNED A 2002 PONTIAC GRAND PRIX. WHILE DRIVING THROUGH AN INTERSECTION AT AN UNKNOWN SPEED, ANOTHER VEHICLE CRASHED INTO THE CONTACT'S VEHICLE ON THE FRONT DRIVER SIDE. THE AIR BAGS FAILED TO DEPLOY. PRIOR TO THE CRASH, THE IGNITION SWITCH FAILED. THE CONTACT SUSTAINED SHOULDER AND HEAD INJURIES THAT REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 145,000. THE VIN WAS NOT PROVIDED.

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)**

I've enclosed a letter from the insurance company who requested my Gran prize and was given with the title to Green Star Insurance Company who may know the where <sup>about</sup> of my vehicle.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



**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**



**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)  
US Department of Transportation  
National Highway Traffic Safety Administration

Georgia Motor Vehicle Division  
Receipt for Tag and/or Decal

T-158R (Rev 01/07)

05/02/2013

Tag: [REDACTED]	Expires: 06/02/2013	Decal: [REDACTED]	Lic Weight:
Vehicle: 2002	PONT	4S	1G2WK52J92F [REDACTED]
Title: [REDACTED]			
Reason: CANCELLED (CAND)			
<p>I am the owner of the vehicle, which is registered with the license plate referenced in this acknowledgement or I am acting for the owner of the vehicle with the submission of a properly executed Power-of-Attorney, Form T-8.</p> <p>This is an acknowledgement that I am cancelling the registration for this vehicle because there is no mandatory liability insurance coverage for the vehicle because the vehicle is not being operated for any reason. I acknowledge that I must pay ad valorem taxes for this vehicle as long as I own the vehicle.</p> <p>I further acknowledge that before this vehicle's registration is reinstated and the vehicle is operated, mandatory liability insurance coverage must be restored, a current "passed" emissions certificate must be provided, if applicable, and I must pay all registration fees and penalties that have accrued since I cancelled the vehicle's registration.</p>			
Branch Location: 0060 RICHMOND (MAIN)	Agent: S006NKL		
Owner's Name	[REDACTED]		
Residence Address (Individual) Business Address (Firm)	[REDACTED]		
City and State	AUGUSTA GA		Zip Code
[REDACTED]			
Comments:			
VEHICLE TOTALLED IN ACCIDENT			



# Insurance House

PO Box 28150  
Atlanta, GA 30358-0150  
toll free 800.446.9973  
tel 770.952.0552  
fax 770-988-0939  
insurancehouse.com

Southern General Insurance Company     GreenStar Insurance Company

March 25, 2013

[REDACTED]  
Augusta GA [REDACTED]

Re:      Claim Number: [REDACTED]  
       Date of Loss:      03-18-13

Dear [REDACTED]

This will verify that your vehicle has been declared a total loss. The offer to settle your property damage claim is \$2,992.46 for your 2002 Pontiac Grand Prix.

We are enclosing documents that must be signed with your full name. This would include your complete first name, middle name and last name together with any suffixes (i.e. Jr., Sr., I, II, III, etc). Follow the instructions below indicated by the "X" and mail back the forms to us so that we may conclude your claim promptly.

1.  Sign the Affidavit of Correction where highlighted **EXACTLY** as your name appears on the title, have the form **NOTARIZED** and return to us.
2.  Sign the Bill of Sale where highlighted and have the form notarized and return to us.
3.  Sign the Power of Attorney where highlighted **EXACTLY** as your name appears on the title, have the form **NOTARIZED** and return to us.
4.  Complete the Lien Holder Information sheet and have it signed and returned
5.  Forward the lien-free **TITLE** to us.
6.  Send any keys you may have to your total loss vehicle.

**All forms must be signed exactly as your name appears on the front of the title and notarized. If they are signed improperly, we will be forced to send again as the State will not accept the documents.**

**Please also note, if authority has been given to you for a rental vehicle, the rental vehicle must be returned by Wednesday, March 27, 2013.**

Thank you in advance for your help and cooperation.

Very truly yours,

*Blanca Smith*

Blanca Smith  
Total Loss Adjuster  
800-446-9973 x0619 or 770-644-0619

Encl:    **Power of Attorney - Affidavit of Correction – Lien Holder Information**

Accident Number [redacted] Agency NCIC No. GA.1210000 GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT County Richmond Date Rec. by DMVS

Date 031813 Day of Week [X] M [ ] T [ ] W [ ] Th [ ] F [ ] S Time 1207 Off. Arrived 1211 Total Number Of: Vehicles 2 Injuries 0 Fatalities 0 Inside City Of: Augusta

Road of Occurrence [redacted] At Its Intersection With [redacted] Corrected Report? Yes [ ]

Not At Its Intersection But [ ] Miles 1 [ ] North 3 [ ] East Of: [ ] Feet 2 [ ] South 4 [ ] West

And continuing in the direction checked above, The Next Reference Point is [ ] Interstate 2 [ ] Lowest St. Rt. 3 [ ] Co. Road 4 [ ] City St. 5 [ ] Co. Line

Driver # 1 LAST NAME [redacted] FIRST [redacted] MIDDLE [redacted] Driver # 2 LAST NAME [redacted] FIRST [redacted] MIDDLE [redacted]

Ped # [ ] Address [redacted] City Augusta State GA Zip [redacted] DOB [redacted]

Driver's License No. [redacted] Class C State GA Race B [ ] Male [X] Female

Posted Speed 35 Insurance Co. GreenStar Policy No. [redacted] Year 2001 Make Mercury Model Grand Marquis Telephone No. [redacted]

VIN 2MEFM75W21X [redacted] Vehicle Color Red

Tag # [redacted] State GA County Richmond Year 2014

Trailer Tag # [redacted] State [redacted] County [redacted] Year [redacted]

[X] Same As Driver Owner's Last Name First Middle

Address [redacted] City [redacted] State [redacted] Zip [redacted]

Removed By Driver [ ] Request [ ] List

Alcohol Test 2 Type [redacted] Results [redacted] Drug Test 2 Type [redacted] Results [redacted]

Driver Cond 1 Direction Of Travel 4 Vision Obscured 1 Contributing Factors 6

Veh Cond 1 Veh Manuever 5 Ped. Manuever [redacted]

Most Harmful Event 11 Veh Class: 1 Veh Type: 1 Traffic Ctr 2 Device Inoperative? [ ] Yes [X] No

Injured Taken To: None EMS Arrival Time Hospital Arrival Time Photos Taken: [ ] Yes [X] No

Report By: Daniel Burlingham T44/B981 Department: Richmond Co. Sheriff's Ofc. Report Date: 031813 Checked By: CPL M Lewis B224 T30 Date Checked: 031813

Witness(es): Name [redacted] Address [redacted] City Augusta State GA Zip Code [redacted] Telephone No. [redacted]

DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

CARRIER VEHICLES ONLY Carrier Name Vehicle # Address State Zip

No. Of Axes G.V.W.R. Fed. Reportable 1 [ ] Yes 2 [ ] No Cargo Body Type

Vehicle Config. I.C.C.M.C. # U.S. D.O.T. # Interstate [ ] Intrastate [ ]

C.D.L.? 1 [ ] Yes 2 [ ] No C.D.L. Suspended? 1 [ ] Yes 2 [ ] No

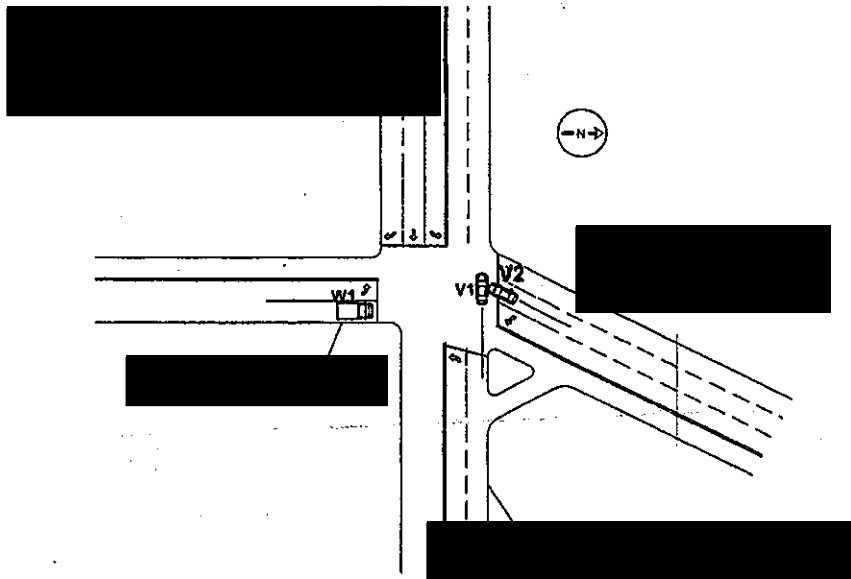
Vehicle Placarded? 1 [ ] Yes 2 [ ] No Released? 1 [ ] Yes 2 [ ] No

If YES, Name or 4 Digit Number from Diamond or Box: 1 Digit Number from Bottom of Diamond: [redacted]

REMARKS: The driver of V1 stated that she was traveling west facing a green light on [REDACTED] The driver of V2 stated that he was traveling south facing a green light on [REDACTED] The driver of V1 stated that V2 ran the red light causing the front of V2 to strike the right side of V1. The driver of V2 stated that V1 ran the red light causing the front of V2 to strike the right side of V1. W1 stated that he was stopped at [REDACTED] facing a green light at which time V1 ran the red light causing V2 to strike V1. Officer investigation revealed based on witness statements that the driver of V1 is at fault for disregard traffic control device.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



CITATIONS - VEHICLE # 1 None

CITATIONS - VEHICLE # 2 None

First Harmful Event	Traffic-Way Flow	Weather	Surface Conditions	Light Conditions	Manner of Collision	Location at Area Of Impact	Road Composition	Road Defects	Road Character	Construction/ Maintenance Zone
11	1	2	1	1	1	1	2	1	1	0
Veh # 1		Veh # 2		SKID DISTANCE BEFORE IMPACT	00		AFTER	00		Width of Road
Number of Occupants		1	1		VEH. # 1		VEH. # 1		60 Feet	
Point of Initial Contact		2	12		00		00			
Damage To Vehicles		3	3		VEH. # 2		VEH. # 2			

Damage Other Than Vehicle:	Owner:	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP	EXTRIC	AIR BAG			
None						0	2	1	3	2	2			
Occupants (list below):		Driver # 1	Or Pedestrian #			0	2	1	3	2	2			
		Driver # 2	Or Pedestrian #			0	2	1	3	2	2			
LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	XX	XX	XX	XX	XXXXX	XXXXX	XXXXX	XXXXX	XXX

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.