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 ☐
13-JAN-2016 FEB 25 2016	Reference No. 10819910

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City CHAMPAIGN / State IL / Zip Code		

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
	PONTIAC	GRAND PRIX	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
9/2010					
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	Powertrain	Multiple Failure:	Incident Date(s)
☑ Antilock Brakes ☑ Cruise Control			07-SEP-2015 9/29/15

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: ENGINE (PWS), 162000 STRUCTURE: BODY	Failure Mileage	Failure Speed

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: DOTMAL9ABC036)	☐ Original Equipment ☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No			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 2000 PONTIAC GRAND PRIX. THE CONTACT STATED THAT WHEN SHE EXITED THE VEHICLE, THE VEHICLE EXPLODED NEAR THE ENGINE. A FIRE REPORT WAS FILED. THERE WERE NO INJURIES REPORTED. THE VEHICLE WAS DESTROYED. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 15V701000 (ENGINE AND ENGINE COOLING) HOWEVER, THE PART TO DO THE REPAIR WAS UNAVAILABLE. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS UNKNOWN. THE VIN WAS NOT AVAILABLE.

VIN # 1G2WP12KXYF

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.

(Form VS_SLAV_20F 02/26/2010)

2016 Illinois Registration Identification Card

Jesse White, Illinois Secretary of State

Corrected / Duplicate ID APPLICATION

[redacted]
CHAMPAIGN IL [redacted]

Vehicle Year	Vehicle Make	VIN
2000	PONTIAC	1G2WP12KXY[redacted]
Weight or CC's	**Body Style**	**Application Type**
	COUPE	PASSENGER
Axles / **Leased/Rental**	**Unit Number**	**File Number** / **County**
		010 CHAMPAIGN
Driver's License Number(s) or FEIN(s)		**Expiration Date**
[redacted]		07/31/2016
		Plate Number [redacted]
Renewal Fee Due $3.00		Late Fee

Verify Your Information. Please verify that your information on all portions of this notice is correct. If your address is incorrect or has been changed, fill out the correct address in the space provided. If your name or vehicle has changed, you must you must provide proper documentation. For more information on title and transfer of vehicle information, please visit the Secretary of State's Web site at www.cyberdriveillinois.com or call 800-252-8980.

APPROVED

Thank You Very Much

Customer Copy

[redacted]
CHAMPAIGN IL [redacted]

Vehicle Year	Vehicle Make	VIN
2000	PONTIAC	1G2WP12KXY[redacted]
Weight or CC's	**Body Style**	**Application Type**
	COUPE	PASSENGER
Axles / **Leased/Rental**	**Unit Number**	**File Number** / **County**
		CHAMPAIGN 010
Driver's License Number(s) or FEIN(s)		**Expiration Date** / **Plate Number**
[redacted]		07/31/2016 [redacted]
Renewal Fee Due $3.00		Late Fee

Fire Dept Report

A

FDID *	State *	MM	DD	YYYY	Station	Incident Number *	Exposure *	Delete / Change / No Activity	NFIRS -1
DD152	IL	09	29	2015	1	[redacted]	000		Basic

Incident Date *

B Location*

Check this box to indicate that the address for this incident is provided on the Wildland Fire Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract

- [X] Street address
- [ ] Intersection
- [ ] In front of
- [ ] Rear of
- [ ] Adjacent to
- [ ] Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
555		31ST		

Apt./Suite/Room	City	State	Zip Code
B	DOWNERS GROVE	IL	60515

Cross street or directions, as applicable

C Incident Type *

131 Passenger vehicle fire

Incident Type

D Aid Given or Received*

1 [ ] Mutual aid received
2 [ ] Automatic aid recv.
3 [ ] Mutual aid given
4 [ ] Automatic aid given
5 [ ] Other aid given
N [X] None

Their FDID | Their State | Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
Alarm * (ALARM always required)	09	29	2015	15:19:54
[ ] Arrival * (ARRIVAL required, unless canceled or did not arrive)	09	29	2015	15:25:49
[ ] Controlled (CONTROLLED Optional, Except for wildland fires)				
[ ] Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	09	29	2015	17:05:12

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
G		3

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	0007	0014
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 $	010,000	[ ]
Contents $	000,000	[X]

PRE-INCIDENT VALUE: Optional

Property $	010,000	[ ]
Contents $	000,000	[X]

Completed Modules

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

H1 Casualties* [X] 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 [X] 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 882

Parking garage, general

NFIRS-1 Revision 03/11/99

A | FDID * DD152 | State * IL | Incident Date * MM 09 DD 29 YYYY 2015 | Station 1 | Incident Number * [redacted] | Exposure * 000 | ☐ Delete ☐ Change ☐ No Activity | NFIRS -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

B2 ☒ Buildings not involved
Number of buildings involved

B3 ☒ None
Acres burned (outside fires)
☐ 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): NNN None
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 42 Molten, hot material
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

☒ None

Factor Contributing To Ignition (1): NN None

Factor Contributing To Ignition (2):

E3 Human Factors Contributing To Ignition

Check all applicable boxes

☒ None
1 ☐ Asleep
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 envolved

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

Grand Prix
Mobile property model

2000
Year

[redacted]
License Plate Number

IL
State

[redacted]
VIN Number

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

NFIRS-2 Revision 01/19/99

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-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

L Remarks

Local Option

Called for a vehicle fire in a detached parking garage structure. On arrival, crew was met by workers who stated there was a car on fire on the 2nd level of the open-air parking deck. Crews utilized ladder to gain access to the 2nd floor of the structure and then deployed a 200 foot 1 3/4" attack line to extinguish the fire. Fire did not extend to other vehicles. Prior to arrival, workers used a number of dry chemical extinguishers to try and keep fire in check. After initial attack on fire, crew broke windows of front doors to check for extension into passenger compartment. Fire did not extend and was contained in the engine compartment. Utilized rotary saw to remove hood from vehicle and do final wet down of the area. Crews confirmed that no extension had occurred to the structure or the exposure vehicles.

Response Package for this incident included the following fire companies:

Engine 1 (Attack)
Engine 3 (Attack-Support)
Truck 2 (Support)
Medic 5 (Support/Medical)
Battalion 3 (Command)
Battalion 5 (Safety)

IMS was utilized throughout the incident and fireground companies communicated on-scene radio traffic via Fireground Red tactical channel.

No civilian or firefighter injuries were reported at this incident.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
BEYE01	Beyer, Matthew	BC	B3	09	29	2015

Check Box if same as Officer in charge.

Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☐ JOHN02	Johnson, Paul	LT	E1	09	29	2015

Gmail by Google

[redacted]

Fwd: Pontiac Grand Prix GT 2000 Car Fire

1 message

[redacted] Sat, Feb 13, 2016 at 5:56 PM

To: [redacted]

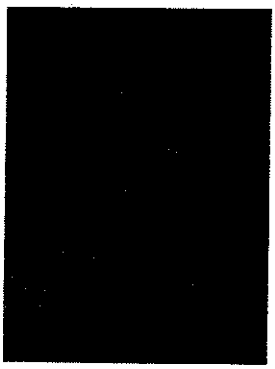
Hi mom,

Enclosed are the images for the care fire. Thanks.

14 attachments

IMG_1969.JPG
1207K

IMG_1967.JPG
1036K



IMG_1966.JPG
1594K

[redacted]

IMG_1965.JPG
2549K

IMG_1964.JPG
2542K

IMG_1963.JPG
1942K

IMG_1962.JPG
1692K

IMG_1961.JPG
1694K

IMG_1960.JPG
1945K

IMG_1959.JPG
1200K

IMG_1947.JPG
1258K

IMG_1943.JPG
1256K

IMG_1942.JPG
1356K

[redacted]

IMG_1941.JPG
1049K

[redacted]