

INFORMATION Redacted PURSUANT TO THE FREEDOM OF



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

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
S.C. 552(B)(6)

Date Received: APR 21 2016
Repository:
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OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: BOLIVAR State: MO Zip Code: [Redacted]
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [Redacted]

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: 2G1WX12K349 [Redacted]
Make: CHEVROLET Model: MONTE CARLO Model Year: 2004
Date Purchased: 9/25/2004 Dealer's Name and Telephone Number: Bill Robert's Chevrolet
Original Owner: Dealer's City: Bolivar State: MO Zip Code: 65613
Engine: No. Cylinders: Fuel Type: gasoline
Transmission Type: auto Antilock Brakes: Powertrain: F-WD - Front Wheel Dr. Multiple Failure: Incident Date(s): 30-NOV-2015
Cruise Control:

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: ENGINE (PWS) Failure Mileage: 138000 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: DOTM19ABC036) Original Equipment: Failure Location:
Prior Repair: 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: Yes No Fire: Yes No
Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: 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 2004 CHEVROLET MONTE CARLO. WHILE THE VEHICLE WAS PARKED IN THE GARAGE, THE CONTACT NOTICED THAT THE GARAGE WAS ON FIRE. THE FIRE DEPARTMENT EXTINGUISHED THE FIRE. A FIRE REPORT WAS FILED. THE VEHICLE WAS DESTROYED. THE VIN WAS INCLUDED IN NHTSA CAMPAIGN NUMBER: 15V201000 (ENGINE, ENGINE COOLING). THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 138,000.

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)

The fire report said that they could not determine cause because everything was incinerated. However dark black marks indicate the fire might have started where the Monte Carlo was parked in the garage.

They had an oil leak recall, but no fix for it before the fire happened Nov 30, 2015

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

CAP DISTRICT BRUNSWICK MAR 16 10 11 AM '16



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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, NEF-100 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



Form 8000-0005 Questionnaire (NOC) U.S. Department of Transportation National Highway Traffic Safety Administration

