


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

 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 APR 01 2016 23-FEB-2016		Repository <input type="checkbox"/> Reference No. 10837817	
OWNER INFORMATION (Type or Print)				
Name		Address		Daytime Telephone Number
City		State	Zip Code	Evening Telephone Number
FREDERICK		MD		
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
1G2WP52K1XF		PONTIAC	GRAND PRIX	1999
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
			No: Cylinders	
Original Owner	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)
	<input type="checkbox"/> Cruise Control			26-OCT-2015
FAILED COMPONENT(S)/PART(S) INFORMATION				
Vehicle Component Codes: ENGINE (PWS), 110000 ELECTRICAL SYSTEM			Failure Mileage	Failure Speed
			160000	50
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: DOTM9ABC036)	<input type="checkbox"/> Original Equipment	Failure Location:		
	<input type="checkbox"/> 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 1999 PONTIAC GRAND PRIX. WHILE DRIVING 50 MPH, THE CONTACT NOTICED SMOKE COMING FROM THE VEHICLE. THE VEHICLE WAS PULLED OVER TO THE SIDE OF THE ROAD WHERE IT CAUGHT FIRE. THE CONTACT EXITED THE VEHICLE AND THE FIRE DEPARTMENT ARRIVED TO EXTINGUISH THE FIRE. A POLICE REPORT WAS FILED AND THERE WERE NO INJURIES. THE VEHICLE WAS DESTROYED AND TOWED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS APPROXIMATELY 160,000.				
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 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.				

To Whom it May Concern:

Narrative of Incident:

My Son was driving home and noticed smoke coming from the engine. Got out of the vehicle and the entire car engulfed in flames as you can see from the pictures attached. My son got out of that car in the nick of time because as he describes this horrifying experience. As soon, as he stepped out it was on FIRE! As you can, see photos the car was definitely could have been tragic Fire department had to come, shut down highway until the fire was out and safe.

I have been without a car since this incident. I have back issues... and this has been not only costly to have to take public transportation but very depressing. Not only did I lose my car also the possession inside of my car are all gone.

I understand there were several recalls on this model of vehicle, every notice that I received was taken to the dealership to have recall parts fixed which was NOT done on my car. So, I take this time to please ask to get this issue resolved as soon as possible for it's been months of pure !@#\$\$% for me without a vehicle. Thank God I am not filing a law suit because my son could have died in that car.

Your prompt attention to this matter is greatly appreciated.





Established 1844

THE CUMBERLAND INSURANCE GROUP

November 06, 2015

TO: Maryland MVA

RE: Our Insured: [REDACTED]
Claim Number: [REDACTED]
Date of Loss: 10/26/2015
Vehicle: 1999 Pontiac Grand Prix
VIN: 1G6KD54Y34U [REDACTED]

Dear MD MVA,

Please allow this letter to serve as confirmation that the above listed vehicle has been declared a total loss and is currently located at a Copart salvage yard. Please issue a duplicate title to [REDACTED] so we can expedite and settle this total loss claim directly with her. If you should have any questions, please feel free to call me at 484-786-7032

Thank you and have a good day!

Sincerely,

Jill DuBree

Jill DuBree
Claims Analyst
jdubree@cumberlandgroup.com

MARYLAND STATE POLICE

MOTOR VEHICLE COLLISION INFORMATION EXCHANGE FORM

It is the policy of this police department to investigate and complete reports for traffic collisions that result in death or injury. In addition, officers may investigate property damage collisions in which a vehicle cannot be safely driven from the scene as well as those involving drivers who are intoxicated. A report will not be completed for collisions that do not meet one of these criteria.

Based on the observations of the investigator, a police report WILL be completed.

Barrack: MSP - Hagerstown Barrack Unit Phone: 301-766-3800 Case Number: [REDACTED]

Investigator: Mstr. Tpr. J. Eichelberger 1011 Assignment: Barrack O Hagerstown Phone: 3017663800

Date: 10/26/2015 Time: 02:27 Weather: CLEAR

Location: I-70 E/B E/O 37MM County: Washington

UNIT 1	Vehicle Registration: <u>[REDACTED]</u> State: <u>MD</u> VIN: <u>1G2WP52K1XF [REDACTED]</u> Type: <u>PASSENGER CAR</u>
	Year: <u>1999</u> Make: <u>PONTIAC</u> Model: <u>GRAND PRIX</u> Color: <u>GRAY</u>
	Insurance Company: <u>CUMBERLAND INS CO</u> Policy Number: <u>[REDACTED]</u>
	Agent Name: _____ Phone Number: _____
	Owner Name: <u>[REDACTED]</u>
	Address: <u>[REDACTED] FREDERICK MD [REDACTED]</u>
	Home Phone: <u>[REDACTED]</u> Work Phone: _____
	Driver Driver's License Number <u>[REDACTED]</u> License State: <u>MD</u>
	Name: <u>[REDACTED]</u> Date of Birth: <u>[REDACTED]</u>
	Address: <u>[REDACTED] FREDERICK MD [REDACTED]</u>
Home Phone: <u>[REDACTED]</u> Work Phone: _____	

ADVANCE TOWING

301-739-0018

NADA Used Car Guide
Monday, November 02, 2015

Vehicle Summary NADA Values

Region:	Eastern - November 2015	Reference #:	
Vehicle Description:	1999 PONTIAC Grand Prix-V6 Sedan 4D GT	VIN:	1G2WP52K1XF [REDACTED]
MSRP:	\$20,995	Weight:	0
Mileage:	167,500		

	<u>Rough Trade-In</u>	<u>Average Trade-In</u>	<u>Clean Trade-In</u>	<u>Clean Loan</u>	<u>Clean Retail</u>
Base Value	\$575	\$1,125	\$1,575	\$1,425	\$3,050
Optional Equipment					
Leather Seats	\$150	\$150	\$150	\$150	\$175
Power Seat	\$50	\$50	\$50	\$50	\$75
Option Total	\$200	\$200	\$200	\$200	\$250
Mileage Adjustment	\$0	\$0	\$0	\$0	\$0
<hr/>					
Total NADA Used Car Guide Values	\$775	\$1,325	\$1,775	\$1,625	\$3,300

NADA assumes no responsibility or liability for any errors or omissions or any revisions or additions made by anyone on this report.
 All NADA values are reprinted with permission of
 NADA Used Car Guide, NADASC.



6/11/11 800-762-2731 BTM/Key General Office (703) 528-8162
10837817
Rights has a consumer
December 2015
What I can do from
this point
CLASS Action Suit

IMPORTANT SAFETY RECALL

[Redacted]

Frederick, MD [Redacted]

This notice applies to your vehicle, VIN: 1G2WP52K1XF [Redacted]

Dear [Redacted]:

This notice is sent to you in accordance with the National Traffic and Motor Vehicle Safety Act.

General Motors has decided that a defect which relates to motor vehicle safety exists in certain 1999 model year Pontiac Grand Prix vehicles equipped with a 3.8L V6 engine. As a result, GM is conducting a safety recall. We apologize for this inconvenience. However, we are concerned about your safety and continued satisfaction with our products.

IMPORTANT

- Your vehicle is involved in GM safety recall 15757.
- Parts to repair your vehicle are not currently available.
- Previously, your vehicle was repaired under a safety recall for this condition. The remedy procedure performed on your vehicle may not be sufficient to prevent subsequent engine compartment fires relating to this condition. Your vehicle will require further repairs to remedy the condition.
- **Until you have had your vehicle repaired it is recommended that the vehicle be parked outside and not in a garage or other structure.**

Why is your vehicle being recalled?

Drops of engine oil may be deposited on the exhaust manifold through hard braking. This condition could cause an engine compartment fire.

What will we do?

Parts to repair your vehicle are not currently available, but when parts are available, your General Motors dealer will replace your engine's front valve cover and front-valve-cover gasket with new parts of an improved design. Your engine's plastic "beauty" cover and plastic oil-fill-tube extension will be removed, if they haven't been already. This service will be performed for you at **no charge**.

When parts are available, we will send you another letter asking you to take your vehicle to your General Motors dealer to have your vehicle serviced. You can also check the status of this recall at www.my.gm.com/recalls. If you have already paid for repairs for this condition, a reimbursement request form will be included with the next letter.



Do you have questions?

If you have questions or concerns that your dealer is unable to resolve, please contact the Pontiac Customer Assistance Center at 1.800.762.2737 (TTY 1.800.833.7668).

If after contacting your dealer and the Customer Assistance Center, you are still not satisfied we have done our best to remedy this condition without charge and within a reasonable time, you may wish to write the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Avenue, SE., Washington, DC 20590, or call the toll-free Vehicle Safety Hotline at 1.888.327.4236 (TTY 1.800.424.9153), or go to <http://www.safercar.gov>. The National Highway Traffic Safety Administration Campaign ID Number for this recall is 15V701.

Federal regulation requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.



Jeffrey M. Boyer
Vice President
Global Vehicle Safety

GM Recall #15757



MARYLAND CERTIFICATE OF TITLE

DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR VOIDS.

VEHICLE IDENTIFICATION NO.	YEAR	MAKE	BODY STYLE	CLASS	ODOMETER	BRAND	TITLE NUMBER
1G2WP52K1XF [REDACTED]	99	PONT	4S	A	089360	A	[REDACTED]
EXCEPT.	GR. VEH. WT.	GR. COMB. WT.	FEE (TAGS)		INSPECTION DATE		DATE ISSUED
N/A	-3700	00N/A	\$50.50		N/A		11/06/15

OWNER'S SOUNDINDEX / DRIVER LICENSE NO.

CO-OWNER'S SOUNDINDEX / DRIVER LICENSE NO.

NAME(S) AND ADDRESS OF REGISTERED OWNER(S)
[REDACTED]
FREDERICK MD [REDACTED]

ODOMETER CODES
A. Actual Mileage
B. Exceeds Mechanical Limits
C. Not Actual Mileage

DUPLICATE OR CORRECTED
COPY *01*

CONTROL NO.
(This is not a Title No.)
[REDACTED]

I, THE UNDERSIGNED, HEREBY CERTIFY THAT AN APPLICATION FOR CERTIFICATE OF TITLE HAS BEEN MADE FOR THE VEHICLE DESCRIBED HEREON, PURSUANT TO THE PROVISIONS OF THE MOTOR VEHICLE LAWS OF THIS STATE, AND THE APPLICANT NAMED ON THE FACE HEREOF HAS BEEN DULY RECORDED AS THE LAWFUL OWNER OF SAID VEHICLE.

THE ADMINISTRATION WILL NOT BE RESPONSIBLE FOR FALSE OR FRAUDULENT ODOMETER STATEMENTS MADE IN THE ASSIGNMENT OF THE CERTIFICATE OF TITLE OR FOR ERRORS MADE IN RECORDING BY THE ADMINISTRATION.

NAME(S) AND ADDRESS OF SECURED PARTIES IN RECORDED ORDER

ROYAL TRUST INC
7013 BALTIMORE NATL PIKE
FREDERICK MD 21702

LIEN RELEASE

MVA USE ONLY

OFFICIALLY ISSUED ON THE DATE SET FORTH ABOVE

John Shaw
ADMINISTRATOR OF MOTOR VEHICLES

CONTROL NO.
(This is not a Title No.)
[REDACTED]

VR-002 (SIF) (10/12)



Established 1844

THE CUMBERLAND INSURANCE GROUP

November 3, 2015

[REDACTED]
Frederick, MD [REDACTED]

Re: Claim No.: [REDACTED]
Type of Loss: Comprehensive Total Loss - Fire
Date of Loss: 10/26/2015

Dear [REDACTED]

Attached you will find a **Power Of Attorney (POA)** for the sole purpose of signing the title so that we can sell the vehicle for salvage. Please sign the **Power Of Attorney** in front of a notary, have it notarized and then mail it back to me at Cumberland Insurance, P.O. Box 556, Bridgeton, NJ 08302. **You can also overnight it to me at [REDACTED] Bridgeton, NJ [REDACTED]** Once we have received the properly signed and notarized POA and your vehicle has been picked up by our salvage company Copart, payment will first be issued to your lien holder. Any remaining monies leftover after the lien holder is paid would then be issued directly to you.

Sincerely,

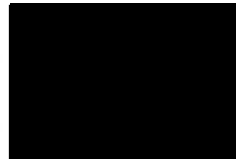
Jill DuBree

Jill DuBree
Claims Analyst
484-786-7032
jdubree@cumberlandgroup.com

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information shall, upon conviction be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

633 SHILOH PIKE • P.O. BOX 556 • BRIDGETON, NEW JERSEY 08302
856-451-4050 FAX 856-455-8468

INSURED:



Ipad Mini

Nabi

Graco 4Ever All-in-One

Minnie Mouse Booster Carseat

(Macy's) Queen Comforter Set

Bose speaker / radio system

Ematic 7" Dvd Player for Grand Kids
A R 15 1

~~Safety~~ money
Emergency \$250.00

3 Apnet
3 Lamm portable chairs
AND 2 KISS chairs

\$800 That was
deducted from
Insurance Pay-Off

TAG [REDACTED] TITLE [REDACTED] EXP 06/17 STICKER FEE 005050

VIN 1G2WP52K1XF [REDACTED] MAKE BS YEAR PONT 4S 1999

REASON FOR RETURN VEHICLE JUNKED RETURN DATE 10-27-15

RFND AMT: RCPT #: N/A

REG CARD # TAGS TAGS STICKERS
 NO 0 USED USED

When the vehicle's insurance is cancelled; when the customer moves out of Maryland; or se plates lost or stolen, should do so by providing a police report or police report number. **any obligation required by Maryland Vehicle Law, including the requirement to maintain plates and/or disability placards.** In the event the registration plate(s) or disability placard

Motor-Scooter Decal for the vehicle identified below was:

sdiction Reported _____ Date of Loss _____

sdiction Reported _____ Date Stolen _____

_____ Date Confiscated _____

st. of Origin Case No. _____ Date _____

possession title issued? Yes/No _____ Date of Repossession _____

VBALG

REGISTRATION CANCELLATION

Other (please explain and provide proof) 10/27/15

Plate #	Year	Make	Vehicle Identification #	Title #	# of Plates Returned	Placard #
[REDACTED]	99	Pont	1G2WP5KK1XF [REDACTED]	[REDACTED]	0	[REDACTED]
Owner's Driver's License # [REDACTED]				[REDACTED]		
Co-Owner's Driver's License # [REDACTED]				Co-Owner's Name [REDACTED]		
[REDACTED]			City/County	State	Zip Code	
[REDACTED]			Frederick MD	MD	[REDACTED]	
I/we certify, under penalty of perjury that the above is true and correct to the best of my knowledge and belief. I also acknowledge that by completing this form, I am not released of any obligation as a vehicle owner required by Maryland Vehicle Law, including the requirement to maintain insurance, and follow up with any jurisdiction with regard to registration plates and/or placard.						
Owner's Signature [REDACTED]		Date	Co-owner's Signature [REDACTED]		Date	
[REDACTED]		10/27/15	[REDACTED]		[REDACTED]	
Send completed original form to MVA, Vehicle Records Division, Room 202, 6601 Ritchie Hwy, Glen Burnie, MD 21062, along with a copy of the valid state issued identification(s) of the vehicle owner(s).						
For MVA Use only <input checked="" type="checkbox"/> Copy of I.D. attached						
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]
Printed Name of MVA Agent		Signature		Branch/Office/Room Number		Substitute Plate/Placard/Decal Issued
[REDACTED]		[REDACTED]		11		[REDACTED]

[REDACTED]

TR DATE 11/06/2015
TR NO [REDACTED]
TR TYPE 1M
TITLE [REDACTED]
CTL NO [REDACTED]
CL/TAG A /
STKR
MULTI 00
VIN 1G2WP52K1XF [REDACTED]
1ST LIEN 0000
ROYAL TRUST INC
7013 BALTIMORE NATL PIKE
FREDERICK MD 21702

MARYLAND
M.V.A.
TITLE/REG. RECEIPT

T TAX 0.00
T FEE 0.00
LN 0.00
TM TAG 0.00
TRF 0.00
ADM 0.00
MISC 20.00
REG 0.00
RG SRCHG 0.00
SAL INSP 0.00
FEES \$20.00

MARYLAND
M.V.A.
TITLE/REG. RECEIPT

CASH RECV	20.00
CK	0.00
CV+	0.00
CV-	0.00
C CRD	0.00
CREDIT	0.00
CHANGE	0.00
PAID	\$20.00
TRANS	1

Visit our MVA Website for Motor Vehicle Information and On-Line Services at
<http://www.mva.maryland.gov>

MVA Fraud Hotline 1-800-296-4709



Assignment Info

File # : [REDACTED]

Claim # : [REDACTED]

Date : 11/02/2015

Power Appraisal Service Inc

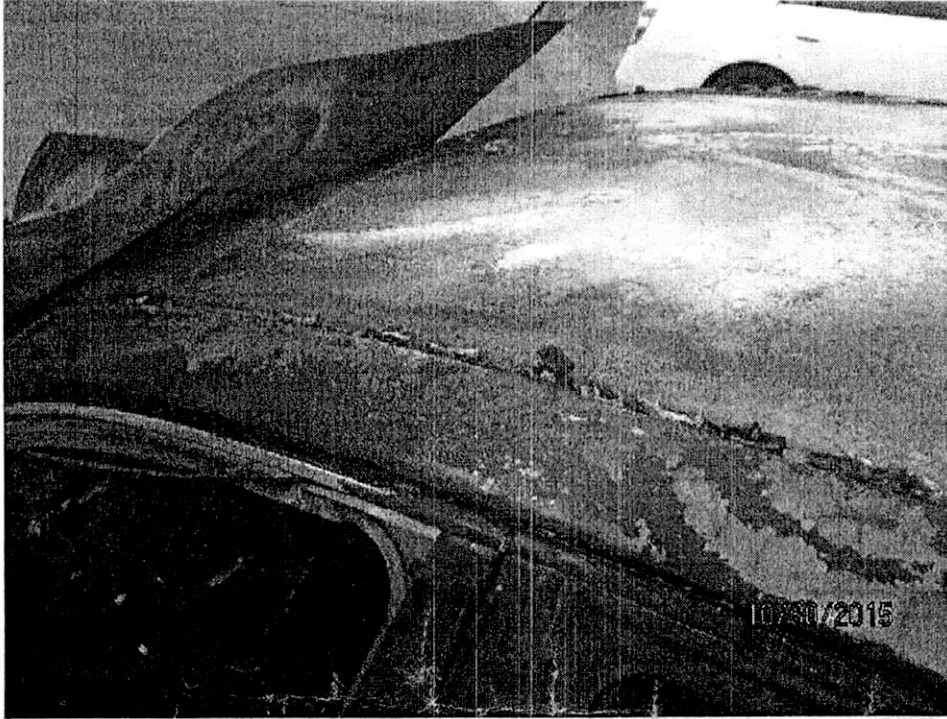
PO Box 417

Savage, MD 20763

Phone 301.470.0077

Fax 301.497.1112

CLAIM LEADER



File Name / Description:

IMG_2961



File Name / Description:

IMG_2960



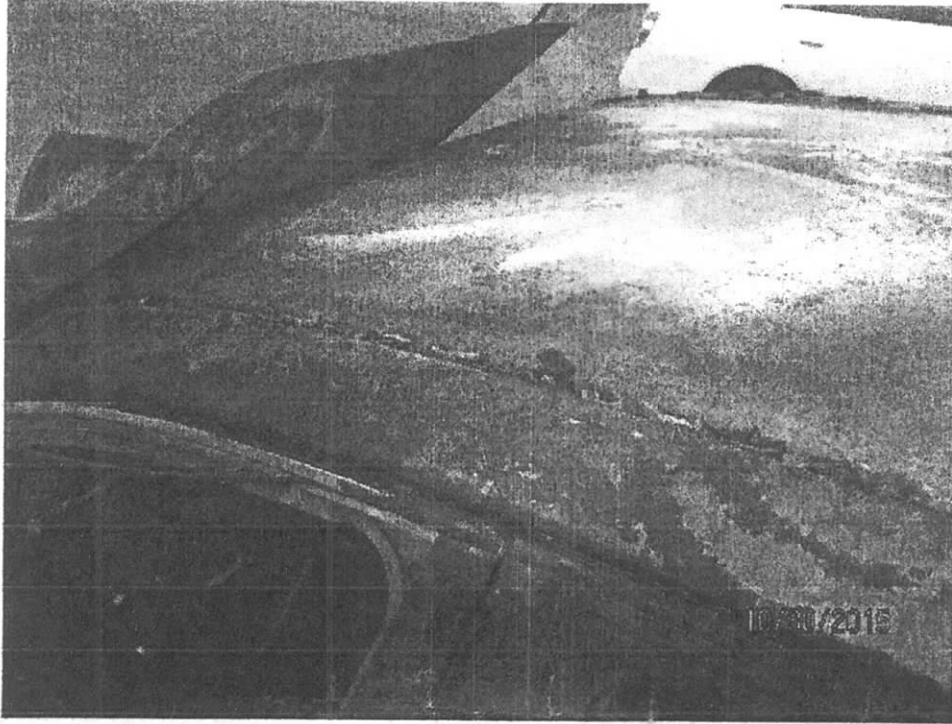
Assignment Info

File # : [REDACTED]
Claim # : [REDACTED]
Date : 11/02/2015

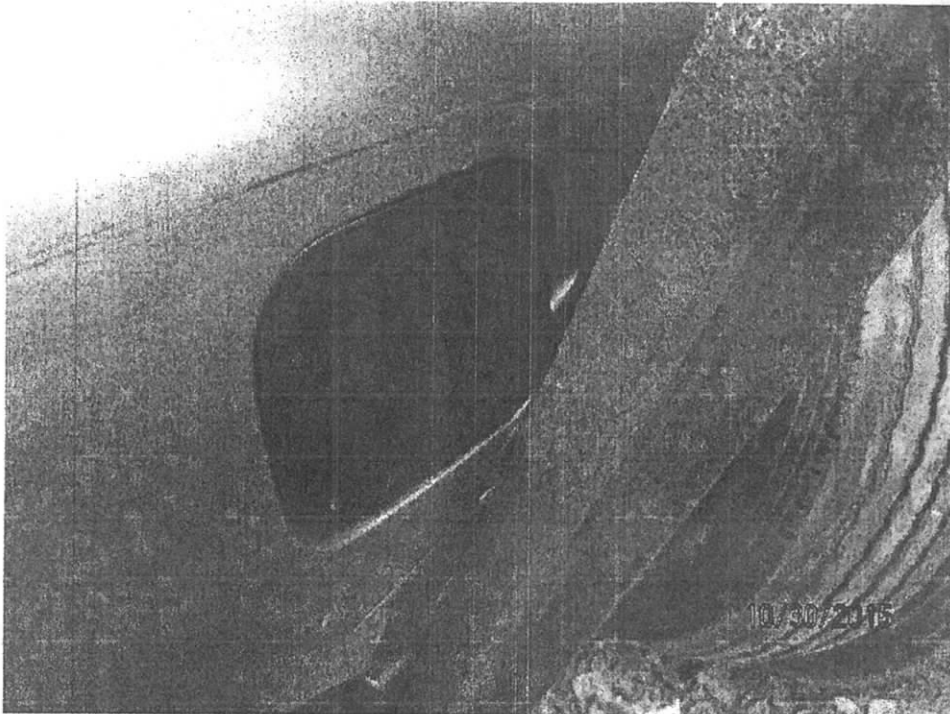
Power Appraisal Service Inc

PO Box 417
Savage, MD 20763
Phone 301.470.0077
Fax 301.497.1112

CLAIM LEADER



File Name / Description:
IMG_2961



File Name / Description:
IMG_2960



Assignment Info

File # : [REDACTED]

Claim # : [REDACTED]

Date : 11/02/2015

Power Appraisal Service Inc

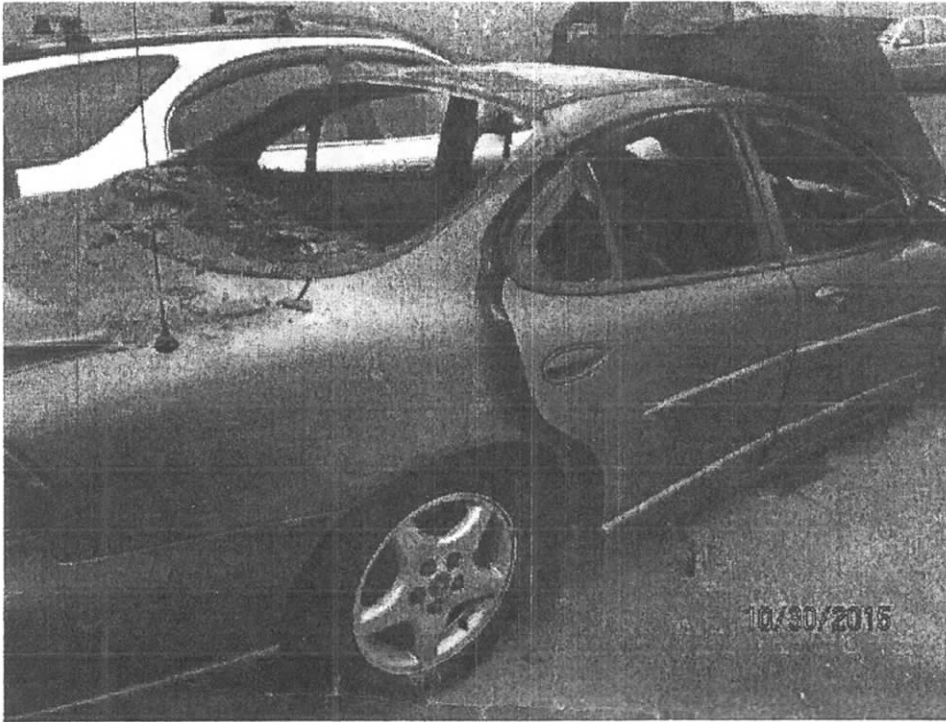
PO Box 417

Savage, MD 20763

Phone 301.470.0077

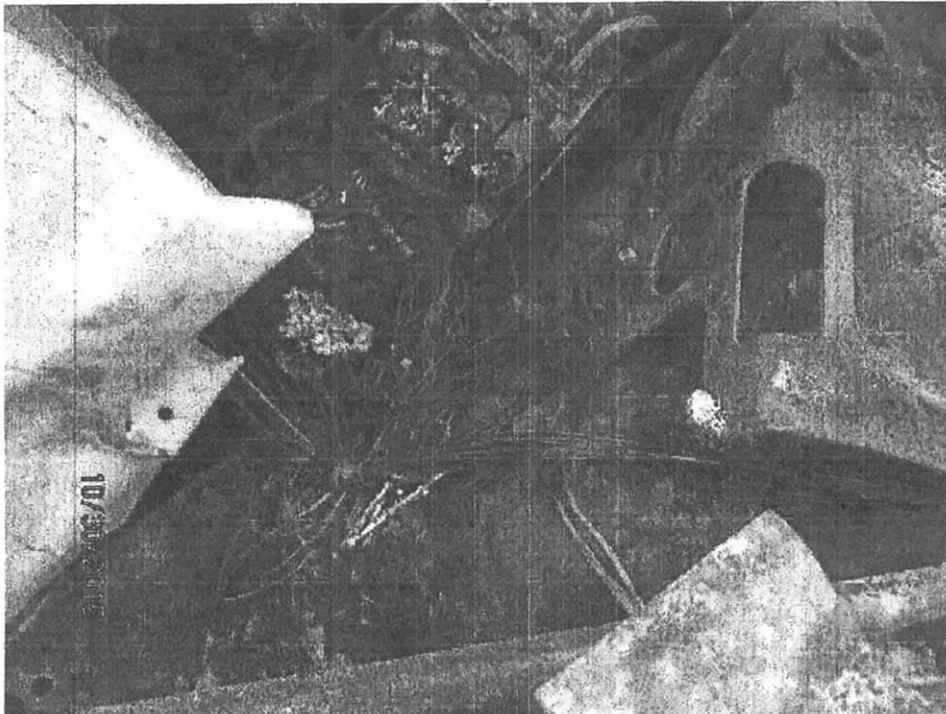
Fax 301.497.1112

CLAIM LEADER



File Name / Description:

IMG_2955



File Name / Description:

IMG_2950



Assignment Info

File # : [REDACTED]

Claim # : [REDACTED]

Date : 11/02/2015

Power Appraisal Service Inc

PO Box 417

Savage, MD 20763

Phone 301.470.0077

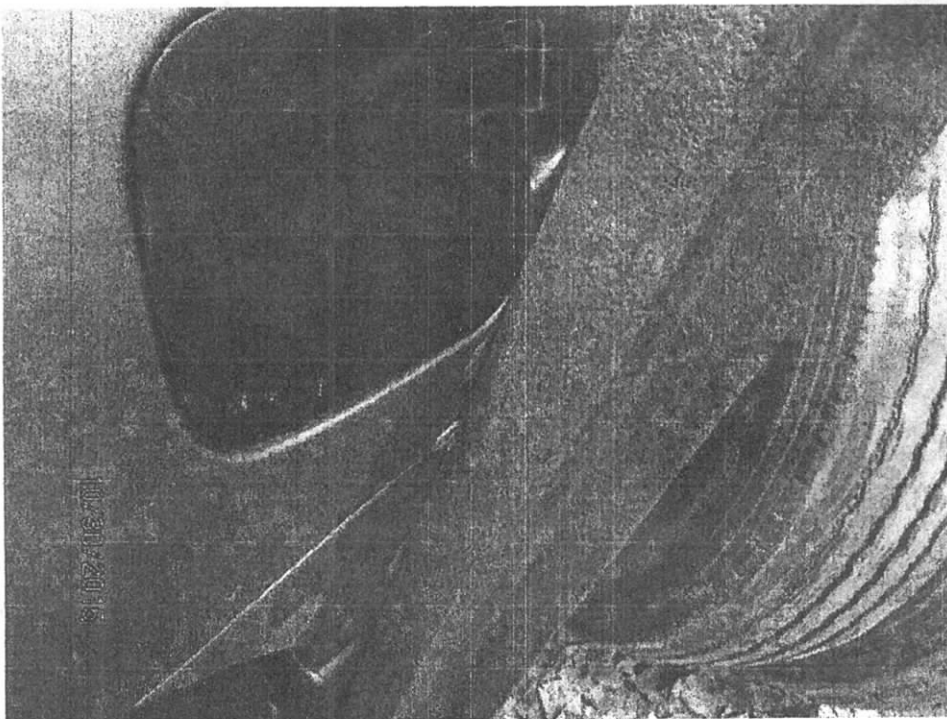
Fax 301.497.1112

CLAIM LEADER



File Name / Description:

IMG_2951



File Name / Description:

IMG_2942



Assignment Info

File # : [REDACTED]

Claim # : [REDACTED]

Date : 11/02/2015

Power Appraisal Service Inc

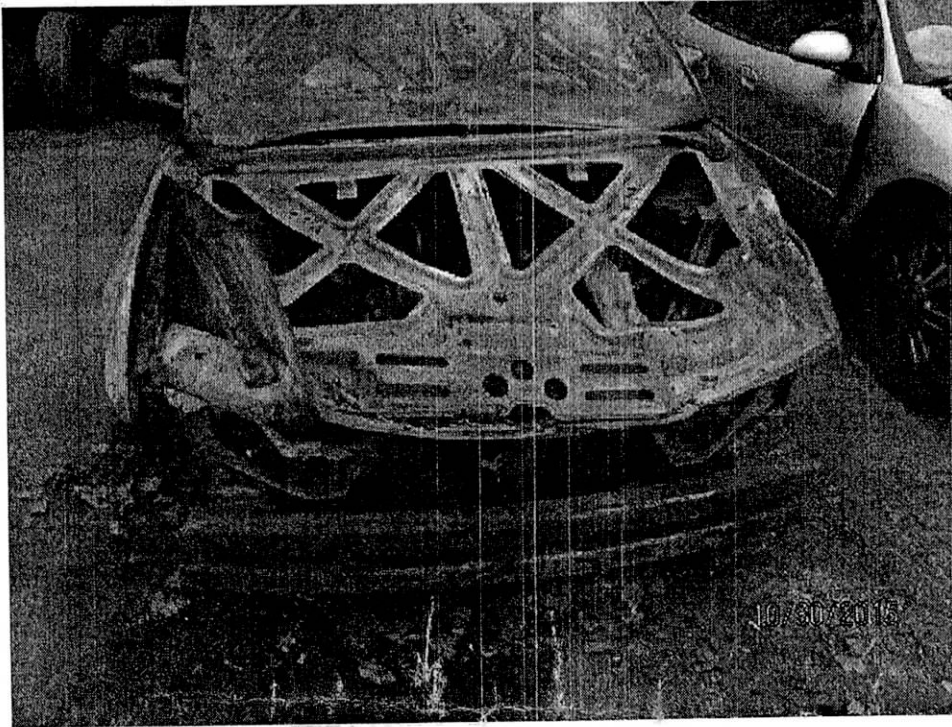
PO Box 417

Savage, MD 20763

Phone 301.470.0077

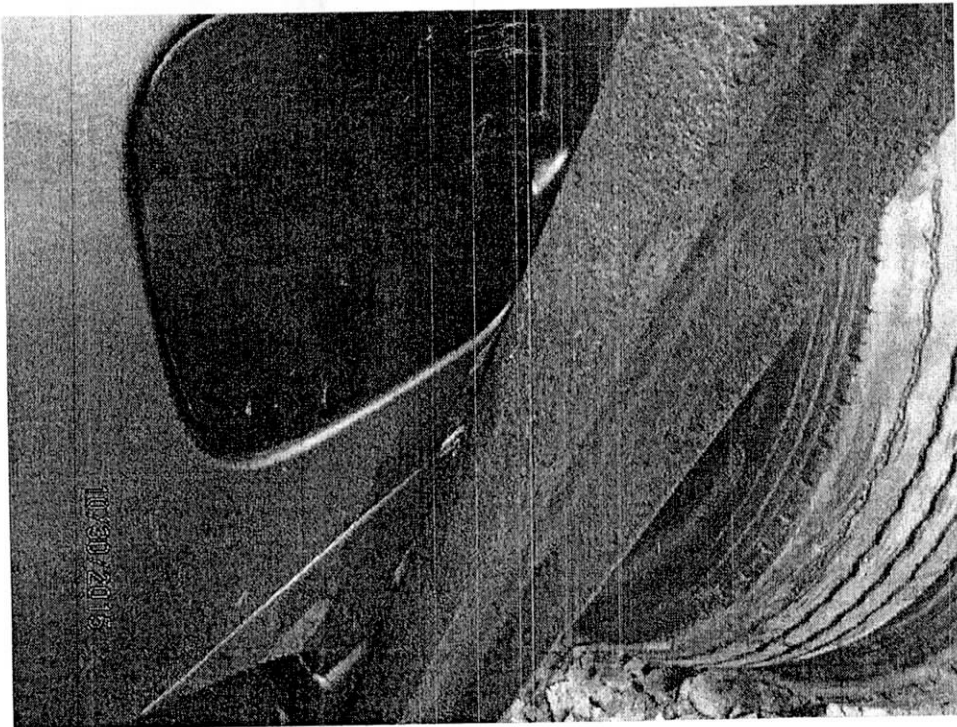
Fax 301.497.1112

CLAIM LEADER



File Name / Description:

IMG_2951



File Name / Description:

IMG_2942



Assignment Info

File # : [REDACTED]

Claim # : [REDACTED]

Date : 11/02/2015

Power Appraisal Service Inc

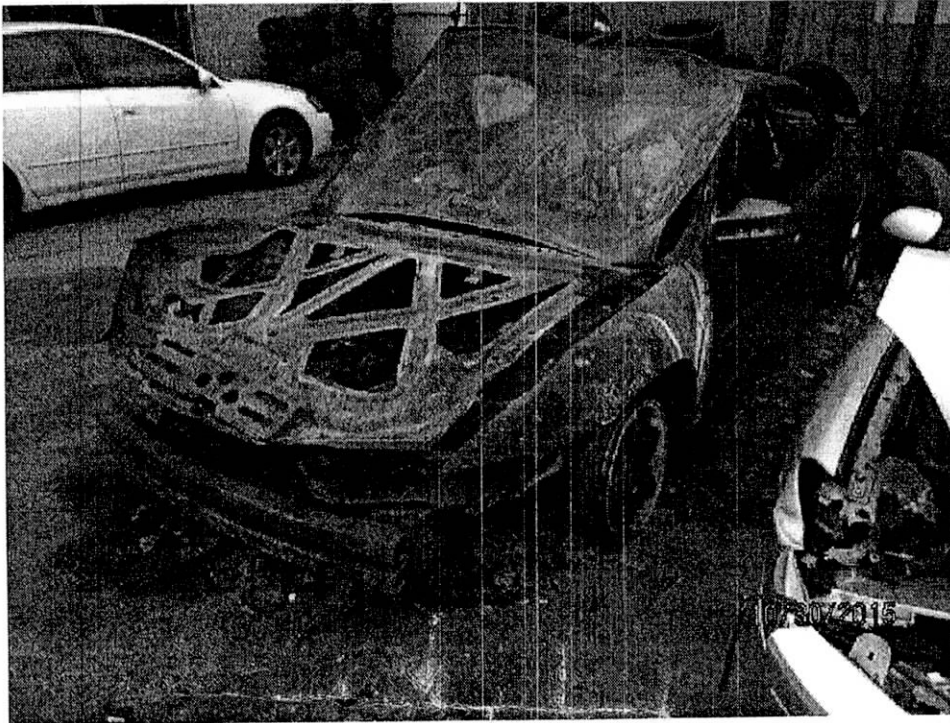
PO Box 417

Savage, MD 20763

Phone 301.470.0077

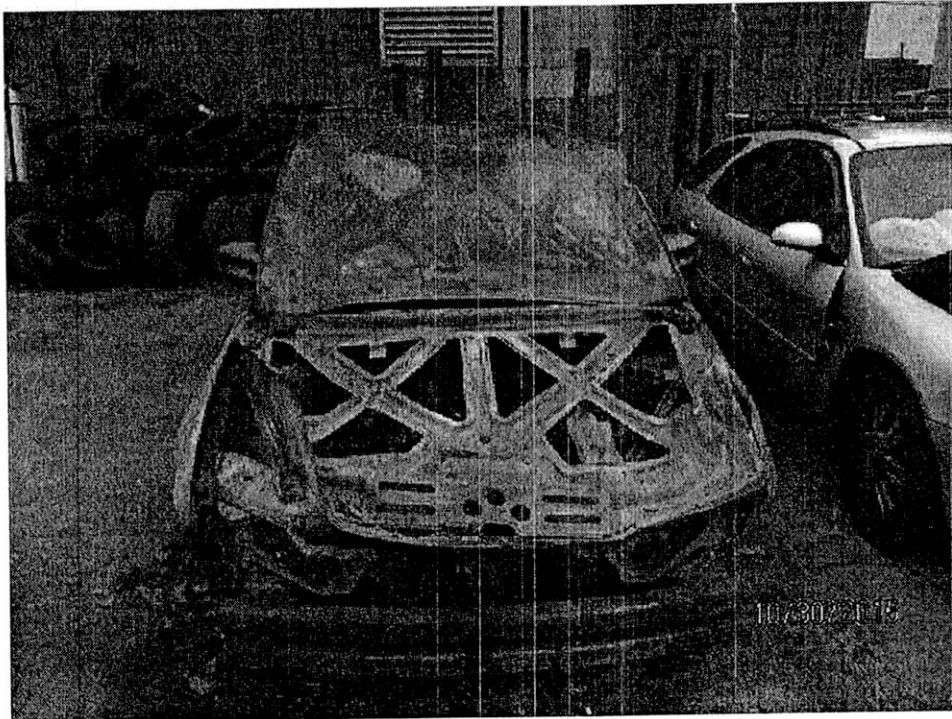
Fax 301.497.1112

CLAIM LEADER



File Name / Description:

IMG_2932



File Name / Description:

IMG_2931



Assignment Info

File # : [REDACTED]

Claim # : [REDACTED]

Date : 11/02/2015

Power Appraisal Service Inc

PO Box 417

Savage, MD 20768

Phone 301.470.0077

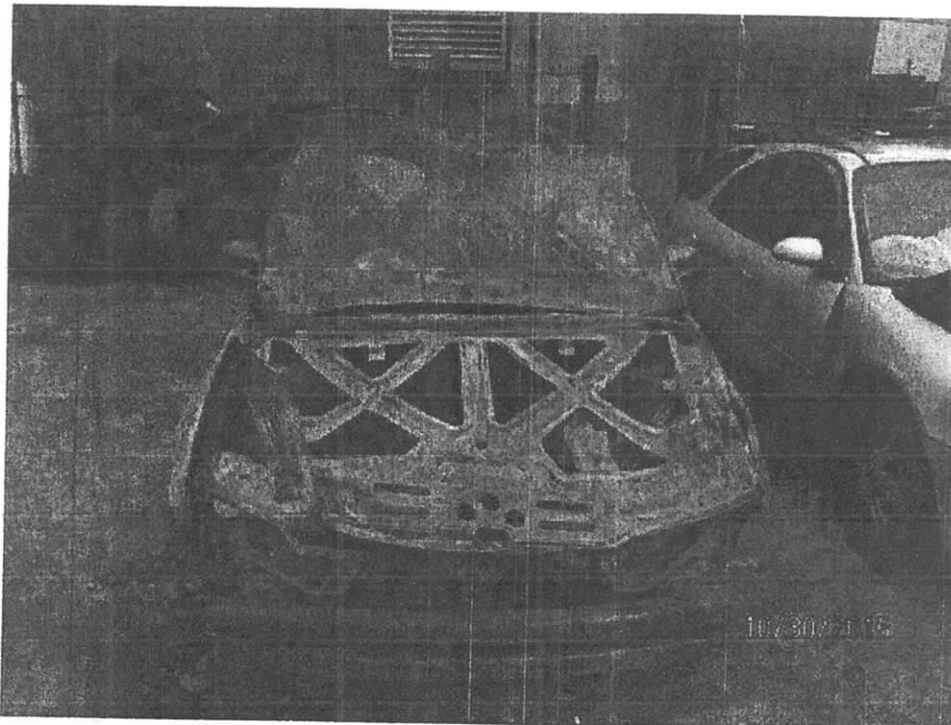
Fax 301.497.1112

CLAIM LEADER



File Name / Description:

IMG_2932



File Name / Description:

IMG_2931



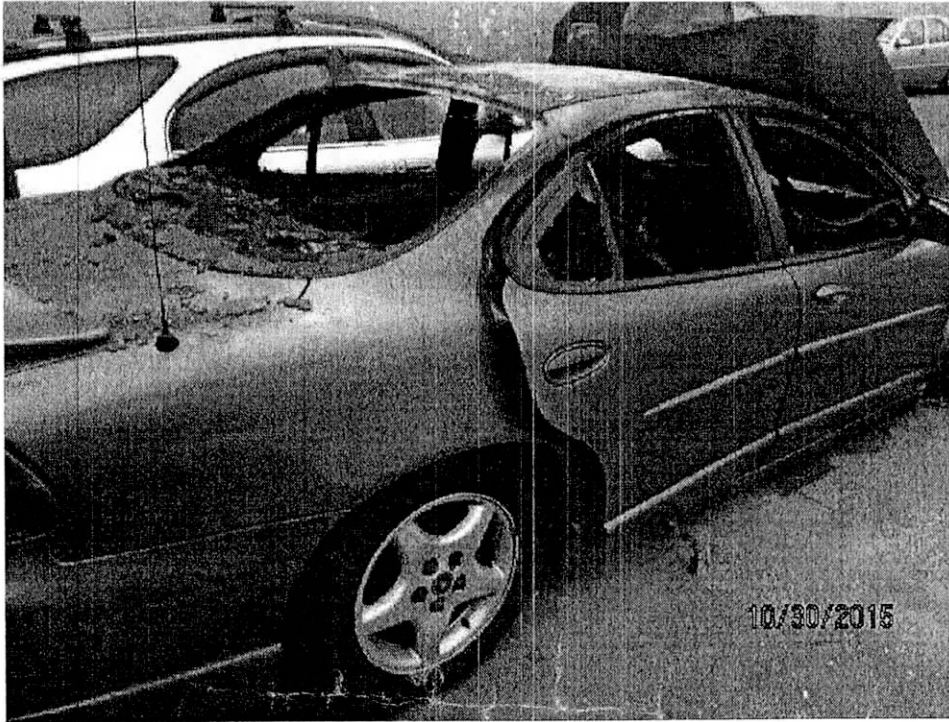
Assignment Info

File # : ██████████
Claim # : ██████████
Date : 11/02/2015

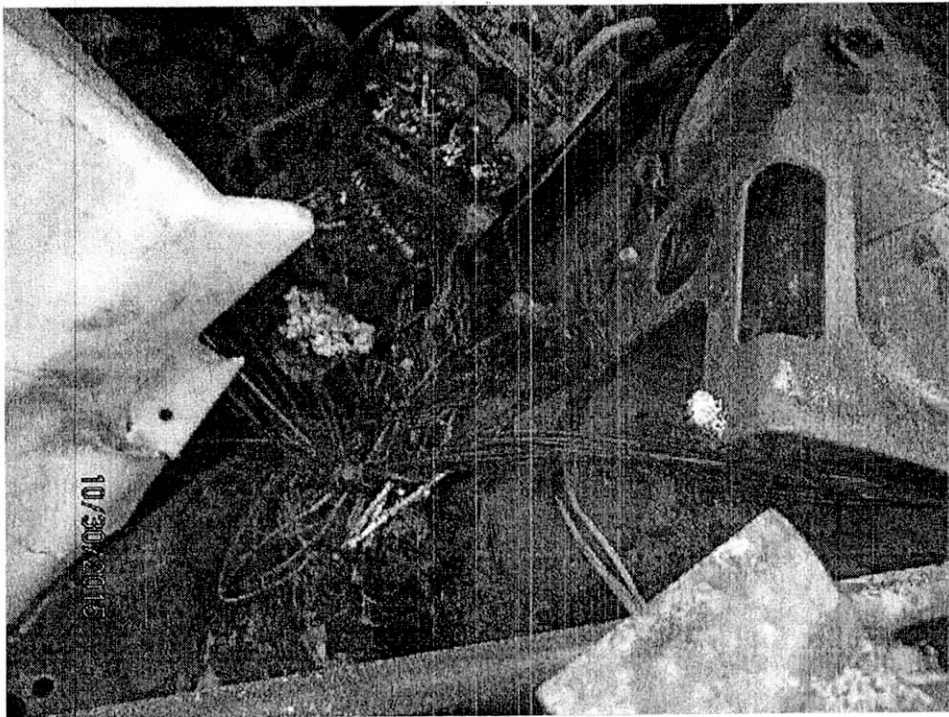
Power Appraisal Service Inc

PO Box 417
Savage, MD 20763
Phone 301.470.0077
Fax 301.497.1112

CLAIM LEADER



File Name / Description:
IMG_2955



File Name / Description:
IMG_2950