

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	
OWNER INFORMATION (Type or Print)		Date Received 26-FEB-2016 APR 19 2016		Repository ☐	
Name [REDACTED]		Daytime Telephone Number [REDACTED]		Reference No. 10838690	
Address [REDACTED]		Evening Telephone Number [REDACTED]		E-mail Address [REDACTED]	
City LUMBERTON		State NC		Zip Code [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 1G2WP52K8YF [REDACTED]		Make PONTIAC		Model GRAND PRIX	
Model Year 2000		Date Purchased 7-5-11		Engine: No: Cylinders 6	
Original Owner ☐		Dealer's Name and Telephone Number [REDACTED]		Fuel Type: unleaded	
Original Owner ☐		Dealer's City JERRY JOHNSON Lumberton NC		State NC Zip Code [REDACTED]	
Transmission Type ☐ Antilock Brakes ☐ Cruise Control		Powertrain		Multiple Failure: Incident Date(s) 11-11-12 2012	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: ENGINE (PWS)				Failure Mileage 35000	
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 ☐ 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: Bucket seats		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 N/A	
Number of Deaths N/A		Reported to Police N		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. WHILE THE VEHICLE WAS PARKED, IT STARTED TO SMOKE AND THEN BURST INTO FLAMES. THE CONTACT EXTINGUISHED THE FIRE. A POLICE REPORT WAS NOT FILED. THE VEHICLE WAS DESTROYED AND TOWED TO THE CONTACT'S RESIDENCE. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 15V701000 (ENGINE AND ENGINE COOLING). THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 35,000.					
The adjuster came and checked car from state farm insurance. Burned 11-11-12 - I sold car for junk & would at least like \$2,000 for my car + had a safety problem.					
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.					

Why did you wait until 2016 to tell us the car had a defect & this could have been fixed. I paid my daughter about \$3,800.00 for this car.

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

I was at my cousin's house, [redacted] and her daughter told me to move my car it was smoking, so I saw smoke coming from under hood and if I had not moved it, it would have burned up and [redacted] house and I moved it about 50 ft and then was on fire and me & the 2 boys threw 3-4 Buckets of water on the fire coming from under the hood. The insurance company paid us off and about 1 week with no car to drive and then bought another car. I brought this car from my daughter [redacted]. I had car about 2 years and we brought the car back & sold it for junk. I do not have the car now, but I feel that they should have called us or wrote us before 2015, and now my car is burned up and should have at least paid for my car & suffering for my car burning up. Thank you. [redacted] 3-17-16

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



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**



BUSINESS REPLY MAIL

FIRST CLASS MAIL

PERMIT NO. 1888

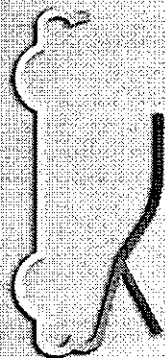
WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, 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:

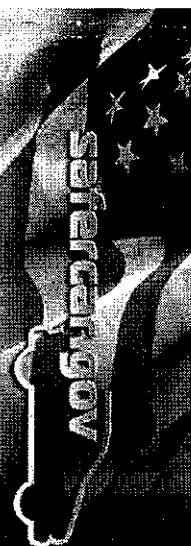
www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



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



Burnt & Sold For
Junk.

General Motors Product Field Action Customer Reimbursement Request Form

This section to be completed by customer (please print)

Customer Name: [REDACTED]

Street Address or P. O. Box Number: [REDACTED]

City: Lumberton State: NC Zip Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): same

Date Request Form and Supporting Documentation Submitted to Dealer: Feb. 2016

Vehicle Identification Number of Involved Vehicle: 1G2RP52K8YE [REDACTED]
(17 Characters)

Mileage at Time of Repair: N/A Date of Repair: N/A

Amount of Reimbursement Requested: \$ 2,000.00

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS REQUEST FORM.

Original or clear copy of all receipts, invoices and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- Description of problem, the repair performed, date of repair and who performed the repair.
- The total cost of the repair expense that is being requested.
- Proof of payment for the repair in question and the date of payment.

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Customer's Signature: _____

Submit this request form and the required documents to your GM dealer for processing. All reasonable and customary costs to correct the condition described in the letter that came with this form will be considered for reimbursement. If your request is approved, you will receive a check from your dealer. If your request is denied, you will receive a written explanation for the denial from your dealer. If your request is incomplete, your dealer will advise you what documentation is needed to complete the request and offer you the opportunity to resubmit the request when the missing documents are available. If you have any questions about this process or have waited 30 or more days for a response from your dealer, please contact the GM Customer Assistance Center at 1-800-204-0261.

This section to be completed by dealer (please print)

Bulletin No.: _____ Request Approved: _____ Date: _____ Amount: \$ _____

Request Denied: _____ Date: _____ Reviewed By: _____

Reason: _____

If denied, please provide a copy of this form to the customer and retain original for your files