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 ☐
03-MAR-2016	Reference No. 10839625

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City EDGEWOOD	State KY	Zip Code [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
2G4WB55K921[redacted]	BUICK	REGAL	2000

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

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 05-AUG-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: ENGINE (PWS)	Failure Mileage 110000	Failure Speed 0

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 ☐ Yes ☒ No	Fire ☒ Yes ☐ No	Number of Persons Injured	Number of Deaths	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 BUICK REGAL. THE CONTACT STATED THAT THE VEHICLE WAS PARKED APPROXIMATELY 10 FEET FROM THE RESIDENCE WHEN A FIRE STARTED FROM THE ENGINE COMPARTMENT. THE FIRE DEPARTMENT WAS PRESENT. THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS NOT NOTIFIED OF FAILURE. THE CONTACT RECEIVED NOTIFICATION FOR NHTSA CAMPAIGN NUMBER: 15V701000 (ENGINE AND ENGINE COOLING) IN DECEMBER OF 2015, BUT THE VEHICLE WAS ALREADY DESTROYED. THE APPROXIMATE FAILURE MILEAGE WAS 110,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

I am requesting equal compensation related to GM recall 15957. My vehicle was destroyed by fire and consequently could not be serviced for the needed repair.
I think it only fair of GM to compensate me monetarily for the cost of the repair, knowing my vehicle was destroyed because of the very problem addressed in the recall.

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

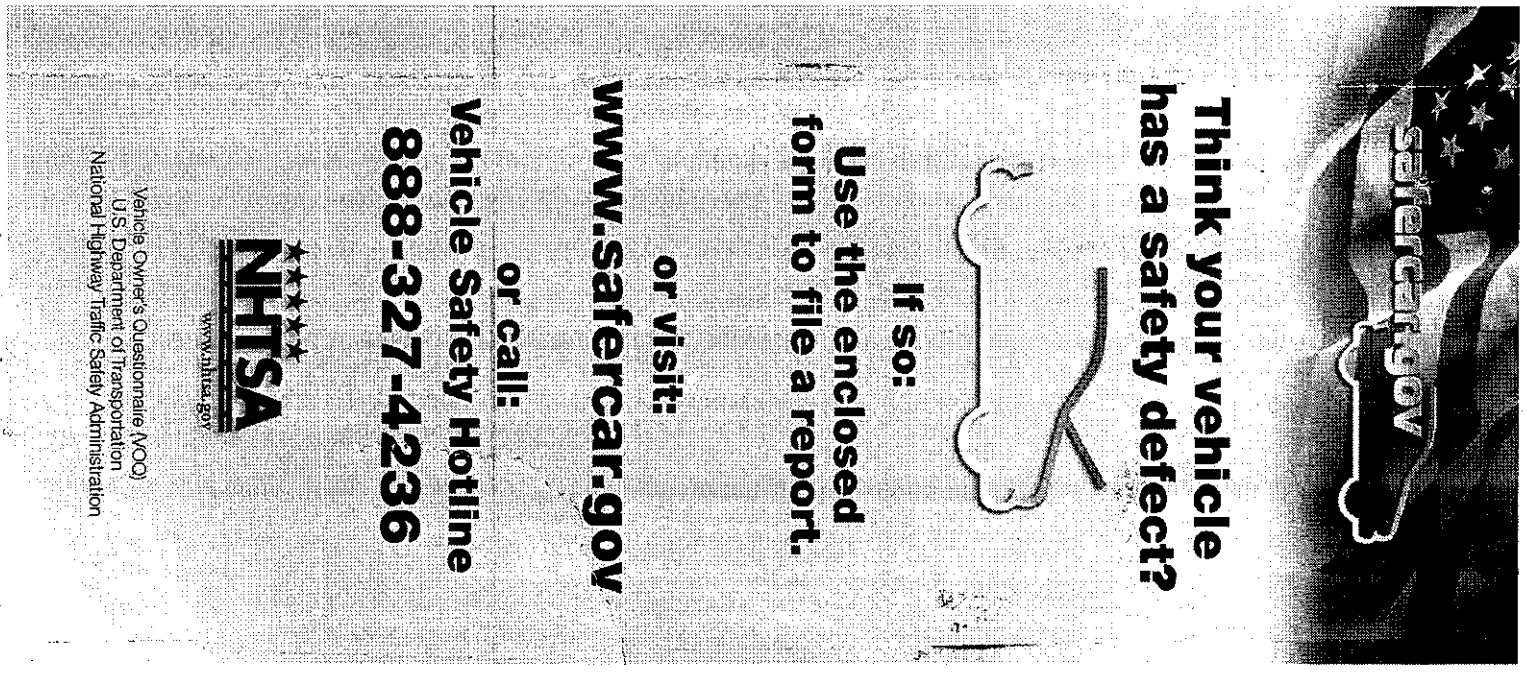
CINCINNATI
OH 452
17 MAY '16
PM 2 L

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



A FDID [redacted] * | State KY * | Incident Date MM 08 DD 05 YYYY 2014 * | Station 1 | Incident Number [redacted] * | Exposure 000 * | ☐ Delete ☐ Change ☐ No Activity | NFIRS -1 Basic

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 ____ - ____

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost [redacted] | Prefix | Street or Highway [redacted] | Street Type [redacted] | Suffix

Apt./Suite/Room | City Edgewood | State KY | Zip Code [redacted] - ____

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 ☒ 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 always required				
Alarm *	08	05	2014	20:47:00
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	08	05	2014	20:51:00
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	08	05	2014	21:30:00

E2 Shift & Alarms

Local Option

Shift or Platoon 2 | Alarms | District E

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	0004	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.

Property $ ____ , 002 , 300 ☐ None
Contents $ ____ , 000 , 000 ☒ None

PRE-INCIDENT VALUE: Optional

Property $ ____ , 002 , 300 ☐
Contents $ ____ , 000 , 000 ☒

Completed Modules

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

H1 Casualties ☐ 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 ☐ 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 419

1 or 2 family dwelling

NFIRS-1 Revision 03/11/99

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

☐ Same as person involved? Then check this box and skip The rest of this section.

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 [redacted] | MI | Last Name [redacted] | Suffix

Number [redacted] | Prefix | Street or Highway [redacted] | Street Type [redacted] | Suffix

Post Office Box | Apt./Suite/Room | City: Edgewood

State: KY | Zip Code [redacted]

L Remarks

Local Option

Received call for vehicle fire near home. Upon arrival found a passenger car with heavy fire from engine compartment. Car was approximately 10' from home, with no involvement. Crews advanced an 1 3/4" hose and extinguished fire. We used hand tools to open hood and complete overhaul. Owner stated he drove car approximately 20 minutes prior to dispatch without any problems. He also reported no recent car trouble and states there has been a minor oil leak for some time. CA

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
20257	Amon, Christopher R	FC		08	05	2014

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	20257	Amon, Christopher R	FC		08	05	2014