



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

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

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 <input type="checkbox"/>
20-JUN-2016	Reference No. 10875317
JUN 21 2017	

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		
Address	[REDACTED]		
City	BEAR	State	DE
Zip Code	[REDACTED]		

Daytime Telephone Number	E-mail Address
[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 1G2WP52K3XF [REDACTED]	Make PONTIAC	Model GRAND PRIX	Model Year 1999
Date Purchased	Dealer's Name and Telephone Number		Engine: 3.8 No: Cylinders V6
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 19-JUN-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: ENGINE (PWS)	Failure Mileage 125000	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: DOTM9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police (X-error) Police Blaked off
---	--	--------------------------------	-----------------------	---

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 AT VARIOUS SPEEDS, THE CONTACT HEARD AN ABNORMAL NOISE COMING FROM THE VEHICLE. THE CONTACT PULLED THE VEHICLE OVER AND NOTICED THE TEMPERATURE GAUGE ROSE ABNORMALLY. THE CONTACT ALSO OBSERVED SMOKE AND FLAMES FROM THE FRONT END AND EVACUATED THE VEHICLE. THE VEHICLE WAS TOWED TO A SALVAGE YARD. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 15V701000 (ENGINE AND ENGINE COOLING); HOWEVER, THE PART TO DO THE REPAIR WAS UNAVAILABLE. THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE FIRE DEPARTMENT WAS ALERTED AND EXTINGUISHED THE FIRE. A POLICE REPORT WAS NOT FILED. THE MANUFACTURER WAS NOT NOTIFIED. THE FAILURE MILEAGE WAS 125,000.

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.

June 9, 2017

[REDACTED]
Springfield, Missouri [REDACTED]
[REDACTED]

RE: [REDACTED]
[REDACTED]

Bear, Delaware [REDACTED]

[REDACTED] disconnected now

To Whom It May Concern:

I am writing in regards to my brothers Pontiac Grand Prix that he had before it caught on fire. He received the recall information but when he tried to get it fixed in December of 2015 the dealership had no parts.

His car caught on fire on June 17th, 2016 at 11:53am and he was handicapped and had difficulty getting out of his car when it caught on fire causing him to panic and have high anxiety which months later turned into PTSD. Lucky he had a passenger (whom I am still in contact with) who was able to help him get out in time and make it to safety while calling 911 in time.

[REDACTED] called GM numerous times to ask about the recall parts but only was left complaints Confirmation #10875317 and Complaint Confirmation #10887850.

Once, the police and fire department arrived they wanted to know what to do with the car so [REDACTED] had it towed and it was then salvaged.

Since all of this has happened and I was working with [REDACTED] to get the pictures and documentation to submit his case. Since then he has become ill and passed away on May 21, 2017. So I [REDACTED], his sister am following up on this because this really changed his life. First this traumatic experience had changed him and he didn't want this to happen to anyone else. He had lost his car and being disabled he didn't have a way to get to his doctors and live his regular lifestyle. I believe the effects of this accident contributed to his hypertension, depression and PTSD.

I have included all of his documentation so you can see who and where they dropped the ball so this doesn't happen to anyone else.

You have my contact information above I look forward to how you are going to correct this problem from happening to people in the future.

Sincerely,
[REDACTED]



RECALL INFORMATION PROCESSING CENTER
P.O. BOX 909989
MILWAUKEE, WI 53209-9989

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE
PAID
GENERAL MOTORS

RECALL!

RECALL INFORMATION

OUR PRIORITY IS YOUR COMPLETE SATISFACTION

1G2WP52K3XF [REDACTED]

IMPOR

175 NFE 126051710006/01/17
NOTIFY SENDER OF NEW ADDRESS

[REDACTED]
SPRINGFIELD MO [REDACTED]

*1119-05735-01-08

GMRPCU511K 00013183E





IMPORTANT SAFETY RECALL

December 2015

Bear, DE

This notice applies to your vehicle, VIN: 1G2WP52K3F

Dear

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 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 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.

6mc 1 800 - 462-8782



Electra FRI - Complaint # 1085

This condition does not affect the safe operation of the vehicle, but it is recommended that the vehicle be parked outside and not in a garage or other structure until it is repaired.

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, 121 New Jersey Avenue, SE., Washington, DC 20590, or call the toll-free Vehicle Safety Hotline 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.

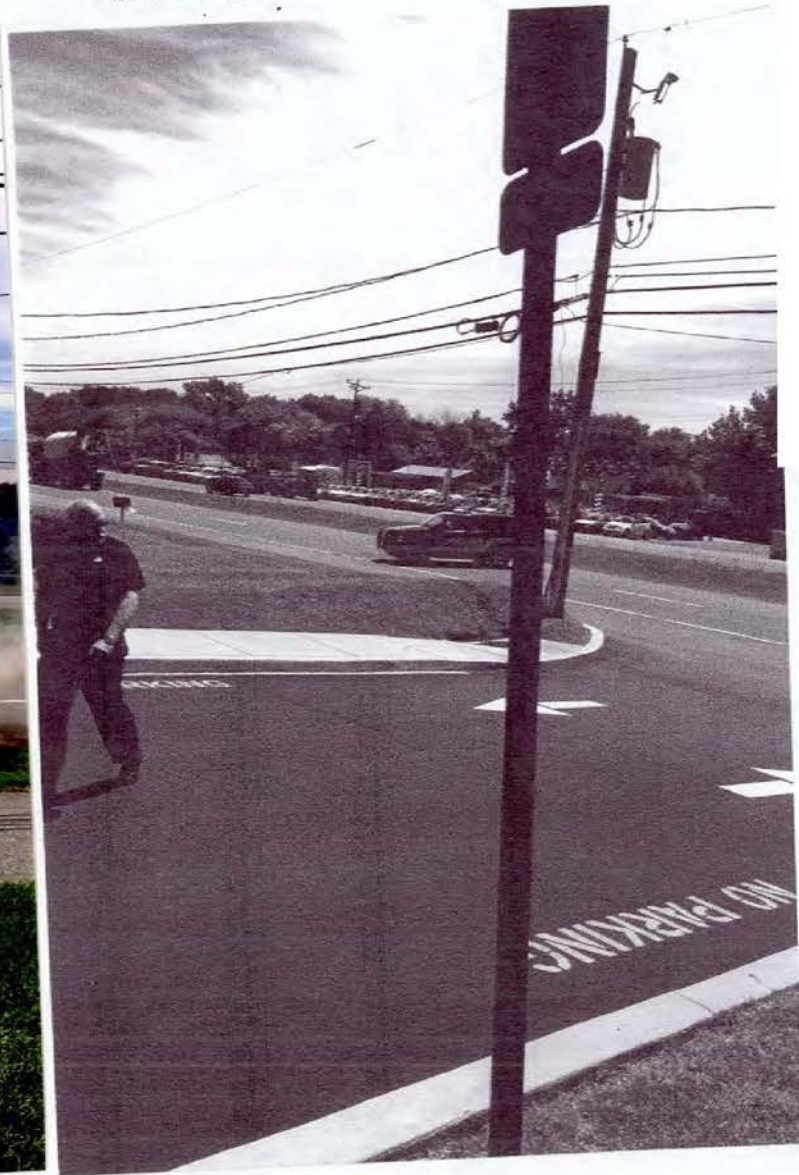
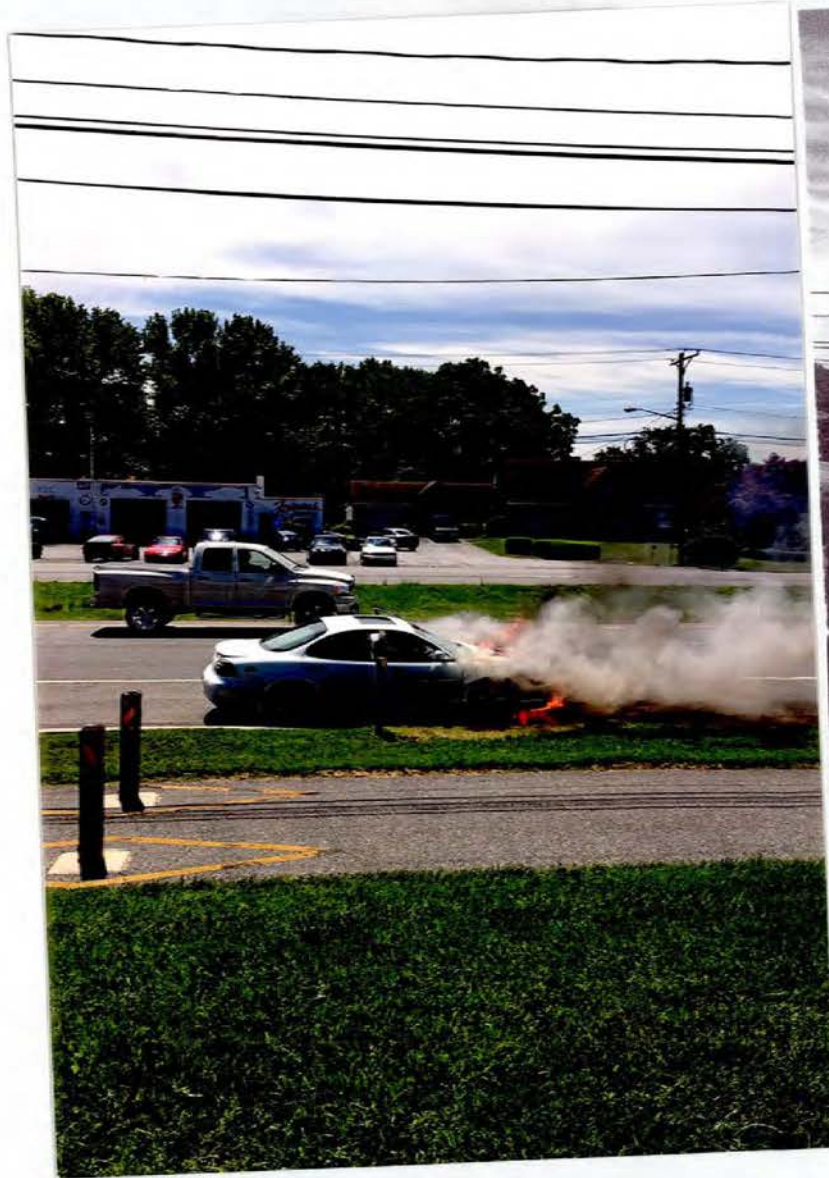
Federal regulation requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.

Jeffrey M. Boyer
Vice President
Global Vehicle Safety

GM Recall #15757



TROOP 2
BEAR, DE



CERTIFICATE OF TITLE

State of Delaware

STOCK NO. [REDACTED]

DIVISION OF MOTOR VEHICLES

DEPARTMENT OF TRANSPORTATION

TITLE, TAG AND REGISTRATION NO. [REDACTED]	SPECIAL TAG, IF ANY	ODOMETER MILEAGE 142,932		ACTUAL VEHICLE MILEAGE
MANUFACTURER AND YEAR PONT 1999	MODEL GRA	BODY STYLE 4D	YEARLY FEE 40.00	
TITLE DATE 10/29/2015	EXPIRATION DATE 10/29/2016	VEHICLE IDENTIFICATION NO. 1G2WP52K3XP [REDACTED]		
NET WEIGHT	NET CUBIC FEET 4.444	USE TRANSFER	COLOR WHI	

ISSUED TO

WATERFORD EST
BEAR

DE [REDACTED]

1ST LIEN
DATE OF RELEASE

LIENHOLDER(S)

NONE

Delaware Auto Salvage
Towed in earlier
today. Wants to
get items out of
Car. Thanks
Swift Recycling

LIENHOLDER

AUTHORIZED REPRESENTATIVE

2ND LIEN (IF ANY)
DATE OF RELEASE

LIENHOLDER

AUTHORIZED REPRESENTATIVE

3RD LIEN (IF ANY)
DATE OF RELEASE

LIENHOLDER

AUTHORIZED REPRESENTATIVE



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 hereon has been duly recorded as the lawful owner of said vehicle. I further certify that the vehicle is subject to the security interests shown hereon, if any. However, the vehicle may be subject to other security interests not filed with this Department. The Department will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors made in the recording by the Department.

STOCK NO. [REDACTED]

STORE IN A SAFE PLACE
ANY ALTERATIONS, ERASURES, OR
MUTILATIONS VOID THIS TITLE

Scott Vician

DIRECTOR, MOTOR VEHICLE DIVISION

PMVWAXA

VOID IF ALTERED

DO NOT DETACH UNTIL YOU SEE REVERSE SIDE

SELLERS REPORT OF SALE

STATE OF DELAWARE
DIVISION OF MOTOR VEHICLES

STOCK NO. [REDACTED]	MANUFACTURER & YEAR PONT 1999	VEHICLE IDENTIFICATION NO. 1G2WP52K3XP [REDACTED]	SELLING PRICE	DATE
NAME OF SELLER (CURRENT REGISTERED OWNER) [REDACTED]		NAME OF BUYER		
COMPLETE ADDRESS OF SELLER		COMPLETE ADDRESS OF BUYER		
STATE	ZIP	CITY	STATE	ZIP
SELLER'S SIGNATURE		ODOMETER READING (MILES TO TENTHS)	BUYER'S DRIVERS LICENSE NO.	STATE

WARNING—WHEN YOU SELL/RELEASE INTEREST IN THIS VEHICLE, YOU MUST MAIL THIS DETACHMENT ALONG WITH THE REGISTRATION FEE IMMEDIATELY TO DMV REGISTRATION SECTION. RESPONSIBILITY FOR THE VEHICLE IS RELEASED

CERTIFICATION OF VITAL RECORD

DEATH CERTIFICATION
State of Delaware
Department of Health and Social Services

STATE FILE NUMBER : [REDACTED]

DECEDENT'S INFORMATION:
 NAME: [REDACTED]
 AKA's: NOT LISTED
 SEX: MALE SOCIAL SECURITY NUMBER: [REDACTED] ARMED FORCES: NO
 DATE OF DEATH : APR 21 2017 DATE OF BIRTH: [REDACTED] AGE: [REDACTED] YEARS

PLACE OF DEATH INFORMATION:
 TYPE: DECEDENT'S HOME
 FACILITY NAME AND ADDRESS: [REDACTED] BEAR, NEW CASTLE COUNTY, [REDACTED]

DISPOSITION INFORMATION:
 METHOD: CREMATION PLACE: HOCKESSIN CREMATORY COMPANY
 LOCATION: WILMINGTON, DELAWARE

DEMOGRAPHIC INFORMATION:
 RESIDENCE: [REDACTED] BEAR, NEW CASTLE COUNTY, DELAWARE, [REDACTED]
 PLACE OF BIRTH: NEW JERSEY MARITAL STATUS: DIVORCED (AND NOT REMARRIED)
 SURVIVING SPOUSE'S NAME: NOT LISTED
 FATHER'S NAME: [REDACTED]
 MOTHER'S NAME PRIOR TO FIRST MARRIAGE: [REDACTED]

INFORMANT'S INFORMATION:
 INFORMANT'S NAME: [REDACTED] RELATIONSHIP: Sister
 MAILING ADDRESS: [REDACTED] SPRINGFIELD, MISSOURI, [REDACTED]

FUNERAL HOME: BEESON FUNERAL HOME OF NEWARK, 2053 PULASKI HIGHWAY, NEWARK, NEW CASTLE COUNTY, DELAWARE, 19702
 FUNERAL DIRECTOR: SPENCER GROFF LICENSE NUMBER: K1-0000654

CAUSE OF DEATH - PART I
HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

PART II OBESITY; CHRONIC PAIN SYNDROME; STATUS POST POSTERIOR FOSSA TUMOR RESECTION COMPLICATED BY SEIZURE DISORDER (REMOTE)

ME CONTACTED? YES AUTOPSY PERFORMED? NO AUTOPSY AVAILABLE?
 ACTUAL OR PRESUMED TIME OF DEATH: 10:46 MANNER OF DEATH : NATURAL

INJURY INFORMATION:
 DATE OF INJURY: TIME OF INJURY: INJURY AT WORK?
 PLACE OF INJURY:
 LOCATION OF INJURY:
 HOW THE INJURY OCCURRED?

CERTIFIER NAME AND TITLE: LYNDSY EMERY, MD LICENSE NUMBER: NOT LISTED
 CERTIFIER'S ADDRESS: 200 SOUTH ADAMS STREET, WILMINGTON, NEW CASTLE COUNTY, DELAWARE, 19801
 DATE FILED: JUN 05 2017
 DATE OF ISSUANCE: JUN 05 2017
 SPECIAL INSTRUCTIONS :

K T Raftery MD



This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Delaware Division of Public Health.

Any alteration of this document is prohibited. Do not accept unless on security paper with the raised seal of the Office of Vital Statistics.

State Registrar

