



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

DOT Auto Safety Hotline
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"/>
01-MAY-2017 JUN 28 2017	Reference No. 10981679

OWNER INFORMATION (Type or Print)

Name	[REDACTED]			Daytime Telephone Number	E-mail Address
Address	[REDACTED]			[REDACTED]	[REDACTED]
City	KIRKSEY	State	KY	Zip Code	[REDACTED]
				Evening Telephone Number	SAME

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 2G1WX15K119 [REDACTED]		Make CHEVROLET	Model MONTE CARLO	Model Year 2001
Date Purchased 2009	Dealer's Name and Telephone Number DUAN TAYLOR CHEVROLET		Engine: No: Cylinders	Fuel Type: REG
Original Owner <input type="checkbox"/>	Dealer's City Murray	State KY	Zip Code	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 09-APR-2017

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 010000 STEERING, 060000 ENGINE (PWS)	Failure Mileage 78000	Failure Speed 35
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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)	<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 1	Number of Deaths 0	Reported to Police Y
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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 2001 CHEVROLET MONTE CARLO. WHILE DRIVING 35 MPH, ANOTHER MOTORIST INFORMED THE CONTACT THAT FLAMES WERE COMING FROM THE FRONT OF HER VEHICLE. WHILE PULLING OFF THE ROADWAY, THE STEERING WHEEL LOCKED AND ALL POWER WAS LOST. THERE WERE NO WARNING INDICATORS ILLUMINATED. TWO WEEKS PRIOR TO THE FAILURE, A DIAGNOSTIC TEST WAS PERFORMED BUT NO FAILURE CODES WERE FOUND. THE CONTACT ALSO MENTIONED THAT SHE RECEIVED A RECALL NOTIFICATION FOR A KEY FOB, BUT NOT NHTSA CAMPAIGN NUMBER: 15V70100 (ENGINE AND ENGINE COOLING). THE FIRE DEPARTMENT WAS NOTIFIED AND EXTINGUISHED THE FIRE. A FIRE REPORT AND A POLICE REPORT WERE FILED. THE CONTACT RECEIVED MEDICAL TREATMENT FOR ELEVATED CARBON MONOXIDE IN THE BLOOD AND POST TRAUMATIC STRESS DISORDER. THE VEHICLE WAS TOWED AND DEEMED A TOTAL LOSS. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE RECALL DETAILS FOR THE KEY FOB WERE NOT PROVIDED. THE FAILURE MILEAGE WAS APPROXIMATELY 78,000.

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.

ROAD SERVICE

GUY'S

Auto Sales & Services • Cleaning
 MM 99.3 • (305) 852-5447 • guystowing@gmail.com
 99275 Overseas Highway, Apt. 4, Key Largo, FL 33037

DATE 4/9/17	TIME	REQUESTED BY FHH Triquet E		
LOCATION OF VEHICLE NAPA Key Largo				
MILEAGE	SERVICE TIME	EXTRA PERSON		
FINISH _____	FINISH _____	FINISH _____		
START _____	START _____	START _____		
TOTAL _____	TOTAL _____	TOTAL _____		
YEAR 2011	MAKE Chevy	MODEL Monte Carlo	COLOR Whit	SERIAL NO.
REGISTRATION NO.	DRIVER	[REDACTED]		
ADDRESS [REDACTED]				
START <input type="checkbox"/> LOCKOUT <input type="checkbox"/> FLAT TIRE <input type="checkbox"/> DOLLY <input type="checkbox"/> BATTERY <input type="checkbox"/> WET <input type="checkbox"/> GAS <input type="checkbox"/> FLAT TOW <input type="checkbox"/> BRAKES <input type="checkbox"/> FLOODED <input type="checkbox"/> WRECK <input type="checkbox"/> HOIST TOW <input type="checkbox"/>				
TOWED TO Guy's Towing				
Key Largo				
REMARKS Payment approved by Guy				
Rick				
(TECHNICIAN'S SIGNATURE) [REDACTED]				
(AUTHORIZED SIGNATURE)				
		MILEAGE CHG.		
		TOWING CHG.	135	
		LABOR CHG.	135	
		STORAGE CHG.	130	
		TOTAL	400	00

ESIS®

ESIS/GM Central Claims Unit
P O Box 300
Mail Code 482 C19 B61
Detroit, MI 48265-3000

800.888.0164 *tel*
313.665.0904 *fax*

Nikki Jackson
Neatrice.Jackson@gm.com
Claims Administrator

April 24, 2017

[REDACTED]
Kirksey KY [REDACTED]

RE: Our File No.: [REDACTED]
Our Client: General Motors LLC
Date/Event: 4/9/17
Subject vehicle: 2001 Chevrolet Monte Carlo
VIN: 2G1WX15K119 [REDACTED]

Dear [REDACTED]

I am responding to your demand in which you requested compensation, as a result of damage to the subject vehicle. It is our understanding that the controlling theory of liability against General Motors LLC (GM) would be Breach of Warranty. The Breach of Warranty Statute of Limitations in Florida is five years from the date of the expiration of the subject vehicle's warranty. Our records show that the vehicle's warranty started on November 14, 2000 and expired on November 14, 2003. Therefore, this statute would have expired on November 14, 2008. As such, this claim is time barred and, GM must respectfully deny this claim.

Sincerely,

Nikki Jackson
Nikki Jackson
Claims Administrator

Cc. Regular Mail



Kentucky Department of Insurance
 Consumer Protection Division
 P.O. Box 517, Frankfort, KY 40602-0517
 Toll-Free (KY only): 800-595-6053
 Consumer Protection: 502-564-6034, Fax: 502-564-6090

Consumer Complaint Form

Are you filing this complaint on behalf of someone else?

- Yes (Please fill out Sections 1, 2, 3 & 4)
 No (Please fill out Sections 1, 2 & 3)

Section 1 General Information

Type of insurance involved (Please check one):

- Auto Homeowners Life Health Disability Commercial
 Workers' Compensation Other, please specify _____

My Complaint is against (please check all that apply):

- Insurance company Agent Adjuster Other, please specify Duan Taylor Chevrolet aka Taylor Holdings Inc
 Are you represented by an attorney? Yes No
 Is this situation currently in litigation? Yes No

Section 2 ~~Insured~~ (individual harmed)

First Name [redacted] Middle Name [redacted] Last Name [redacted]
 Address [redacted] City, State, ZIP code Kirksey, KY [redacted]
 Best phone number where you may be reached: [redacted]
 Today's Date: (MM/DD/YY) 06/05/2017
 Signature (if filing on your own behalf): [redacted]

Section 3 Complaint filed against

Individual's Name (If applicable) Duan Taylor aka Taylor Holdings Inc
 Insurance Company Name Motorist Commercial Mutual Insurance Co
 Group Number unknown
 Policy/ID Number unknown
 Agent/Adjuster Name Curtis Lemmer Brock Claim # [redacted]
 Agent/Adjuster Address (513)-387-2737 - phone
CM@MOTORISTGROUP.COM - email
PO Box 182476
Columbus, OH 43218-2476

Section 4 Person completing form on behalf of Insured

First Name _____ Middle Name _____ Last Name _____

Address _____ City, State, ZIP code _____

Best phone number where you may be reached: _____

Today's Date: (MM/DD/YY) 1 / 1 / _____

Signature: _____

If the person you are filing this complaint on behalf of is over 18 please have them sign below:

"I hereby designate _____ as my authorized representative for the purposes of filing and investigating my complaint. I authorize the Consumer Protection Division of the Department of Insurance to investigate the complaint received on my behalf and to respond directly to my representative. I understand and acknowledge that by designating the individual named above as my authorized representative, the individual may obtain, on my behalf, any and all documents and information which may become known as a result of the investigation, some of which might otherwise be considered confidential. Information released to the third party may include, but is not limited to the following: Social Security numbers, personal contact information, financial information, nonpublic personal health information, medical records and any documentation included as part of the Consumer Protection investigation. Additionally, I understand and acknowledge that this third party authorization does not constitute a power of attorney and does not allow negotiation with anyone other than the actual claimant. By signing this authorization, I hereby release the Department of Insurance from any liability that might accrue from disclosing information that might be deemed confidential."

Insured Signature _____ Insured Name (printed) _____ Date _____

If this person is unable to sign, please provide a copy of Power of Attorney papers or Guardianship papers.

Please use the space below to provide a **detailed** description of the problem from your point of view. Attach additional sheets if needed.

12-17 Please See attached Demand letter Dated May 4 2017
Please See attached Attorney General Complaint letter ^{pgs} 6 of 6
Please See Consumer Complaint form ATTORNEY GENERAL
Please See Itemized Expense letter 3 pages
Please See Punitive Damages letter dated 5.4.17
Please See Motorist Insurance Group letter 1 page
Please See Late Mortgage Bank Notification 1 page
Please See attached exhibits 19 pgs.

(Additional Photos and videos are available)
also vehicle is here in Kirksey, Ky.

4/13/2017

Monroe County Sheriff's Office - Call History



For Period Beginning April 9, 2017 and Ending April 9, 2017

	CAD Number	Date Rcvd	Time Rcvd	Nature of the Complaint	911	Offense Numbers
1)	[REDACTED]	Sunday	9:14 am	09-Apr-2017	HAZARD	N

FISHERMANS TL / 99 MM OC KEY LARGO FISHERMANS TL -

D.C.'s: 26-0, H, 2-0, 0

Sector: 7 Zone: 2 Grid: 4300

Shipped: 9:14 am Dispatched: 9:16 am Enroute: 9:16 am OnScene: 9:16 am Closed: 9:17 am

Units Responding:

SIFA

Primary

R58 - CANGEMI, ERIKAA

Remarks:

WHI CHEVY IMPALA
 SPED THROUGH AND RP NOTICED FLAMES UNDER FROM MOTOR
 STATES DRIVER MUST NOT TOITCE
 LINK CREATED BETWEEN INCIDENT [REDACTED] AND INCIDENT [REDACTED]

4/13/2017

Monroe County Sheriff's Office - Call History



For Period Beginning April 9, 2017 and Ending April 9, 2017

CAD Number	Date Rcvd	Time Rcvd	Nature of the Complaint	911	Offense Numbers
1) [REDACTED]	Sunday	9:15 am	09-Apr-2017	FIRE:VEHICLE	Y [REDACTED]

D.C.'s:31-0, D, 2-0, 0 Sector: 7 Zone: 2 Grid: 4300

Shipped: 9:15 am Dispatched: 9:16 am Enroute: 9:16 am OnScene: 9:16 am Closed: 10:08 am

Units Responding:

Dispatched

- Backup R123 - STATION, TWENTY-THREE RESCUE
- Primary E24 - STATON, TWENTY-FOUR ENGINE
- Backup TA24 - STATION, TWENTY-FOUR TANKER
- Backup LA25 - STATION, TWENTY FIVE,
- Backup 7114 - TORRES, DEANNA

Remarks:

PARKING LOT
 NOONE IN THE VEH
 ADDTL 911 CALLER [REDACTED]
 TONED FIRE/RESCUE
 ADDITIONAL RP ADV THEY COULD SEE FLAMES UNDER THE VEH
 ADV VEH IS ON FIRE AND IS GOING TO BLOW UP
 A LOT OF SMOKE AND FLAMES
 FULLY ENGULFED
 I VEH FULLY ENGULFED
 1 NB LANE BLKD
 1 NB LANE RD BLK
 WATER ON FIRE
 COMMAND TRASFERED TO LA25
 PIO NOTIFIED
 SWITCHING TO PTL2
 LINK CREATED BETWEEN INCIDENT [REDACTED] AND INCIDENT [REDACTED]
 SWITCHING BACK TO PTL1
 REQUESTED TOW: GUYS TOWING (PH: 305-852-5447) FOR: KY SMARES AREA: UPP CLASS: GENE
 STORAGE LOCATION: ADDRESS:
 GUYS TOWING ENR
 OFFENSE NUMBER [REDACTED] ASSIGNED FOR CALLNO [7114] IN AGENCY [MCSO]
 ALL HAZARDS MITIGATED COMMAND TERMINATED
 ROAD OPEN
 PIO UPDATED

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.



