INFORMATION REDACTED PURSUANT TOTHE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

NEF-010

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 ☐
21-JUN-2019 SEP 11 2019	Reference No. 11221793

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]		
City DUNDEE	State MI	Zip Code [redacted]	

Daytime Telephone Number [redacted]	E-mail Address
Evening Telephone Number [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	Make	Model	Model Year
018744KNDJ6[redacted]	KIA	SOUL	2020

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) 11-MAY-2019

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 060000 ENGINE (PWS)	Failure Mileage 600	Failure Speed 70

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: Dundee michigan	
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 0	Number of Deaths 0	Reported to Police 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 2020 KIA SOUL. WHILE DRIVING AT 70 MPH, THE VEHICLE STALLED AS THE ENGINE WARNING LIGHT ILLUMINATED AND THE VEHICLE WAS MERGED TO THE SIDE OF THE ROAD. WHEN THE CONTACT ATTEMPTED TO RESTART THE VEHICLE, THE ENGINE CAUGHT ON FIRE. THE FIRE DEPARTMENT EXTINGUISHED THE FIRE. A POLICE REPORT WAS FILED. NO INJURIES WERE SUSTAINED. THE VEHICLE WAS TOWED TO AN IMPOUND YARD. THE VEHICLE WAS TOTALED. THE CONTACT MENTIONED THAT THE FAILURE OCCURRED 10 DAYS AFTER THE VEHICLE WAS PURCHASED. THE DEALER WAS NOT CONTACTED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 600. THE VIN WAS INVALID.

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)

2019 AUG 22 P 3:11

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

MONROE COUNTY SHERIFF

100 East Second Street, Monroe, Michigan 48161-2163
Telephone: (734) 240-7400 · FAX: (734) 240-7480
EMERGENCY 911

Dale Malone
Sheriff

FOIA #600-19 Request Granted with Redactions

[redacted]

June 19, 2019

Please be advised that I have granted your request in part:

You have requested a copy of the Traffic Crash Report #[redacted]

However, some of the items in your request have been redacted, for the following reasons: Portions of this report which are of a highly personal nature such as LEIN Information, addresses, telephone numbers, driver's license number, and dates of birth have been redacted pursuant to MCL 15.243 (a): Information of a personal nature which is clearly an unwarranted invasion of an individual's privacy. You are receiving a redacted copy of THE Traffic Crash Report.

In the event that you are not satisfied with this response, I want to advise you of your rights. You have the right to submit a written appeal to the Monroe County Sheriff Dale Malone, which specifically states the word "Appeal" and identifies the reason or reasons for reversal of this denial by myself.

In addition, you may also seek judicial review of this denial pursuant to MCL 15.240. If you seek judicial review and the Court determines that the public records are not exempt from disclosure, you have the right to receive attorney fees and damages in an amount not to exceed $ 1,000.00.

Rebecca L McCollum

Rebecca L. McCollum
FOIA Coordinator
(734) 240-7561

Captain Brett Ortolano
Monroe County Sheriff's Office
(734) 240-7706

FOIA #

INSident # [redacted]

County of Monroe
125 E. Second Street, Monroe, MI 48161
(734) 240 - 7003

FOIA Request for Public Records

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, *et seq.*

Request No.: _____ Date Received: 6/19/19.

Check if received via: ☐ Email ☐ Fax ☐ Other Electronic Method
Date delivered to junk/spam folder: _____
Date discovered in junk/spam folder: _____

(Please Print or Type)

Name	[redacted]		Phone
Firm/Organization			Fax
Street			Email
City		State	Zip

Request for: ☒ Copy ☐ Certified copy ☐ Record inspection ☐ Subscription to record issued on regular basis

Delivery Method: ☒ Will pick up ☐ Will make own copies onsite ☐ Mail to address above ☐ Email to address above
☐ Deliver on digital media provided by the county: _____

Note: *The county is not required to provide records in a digital format or on digital media if the county does not already have the technological capability to do so.*

Describe the public record(s) as specifically as possible (Include: Incident Date, Time & Location, if known).
You may use this form or attach additional sheets:

5/10 or 5/11 Dundee 23-
Sun AM. [redacted]
[redacted]

Consent to Non-Statutory Extension of County's Response Time

I have requested a copy of records or a subscription to records or the opportunity to inspect records, pursuant to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, *et seq.* I understand that the county must respond to this request within five (5) business days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree and stipulate to extend the county's response time for this request until: _____ *(month, day, year)*.

[redacted]
Requestor's Signature

Date 6/19/19.

Records Located on Website

If the county directly or indirectly administers or maintains an official internet presence, any public records available to the general public on that internet site at the time the request is made are exempt from any labor charges to redact (*separate exempt information from non-exempt information*).

If the FOIA coordinator knows or has reason to know that all or a portion of the requested information is available on its website, the county must notify the requestor in its written response that all or a portion of the requested information is available on its website. The written response, to the degree practicable in the specific instance, must include a specific webpage address where the requested information is available. On the detailed cost itemization form, the county must separate the requested public records that are available on its website from those that are not available on the website and must inform the requestor of the additional charge to receive copies of the public records that are available on its website.

If the county has included the website address for a record in its written response to the requestor and the requestor thereafter stipulates that the public record be provided to him or her in a paper format or other form, including digital media, the county must provide the public records in the specified format (if the county has the technological capability) but may use a fringe benefit multiplier greater than the 50%, not to exceed the actual costs of providing the information in the specified format.

Request for Copies/Duplication of Records on County Website

I hereby stipulate that, even if some or all of the records are located on a county website, I am requesting that the county make copies of those records on the website and deliver them to me in the format I have requested above. I understand that some FOIA fees may apply.

Requestor's Signature	Date

Overtime Labor Costs

Overtime wages shall not be included in the calculation of labor costs unless overtime is specifically stipulated by the requestor and clearly noted on the detailed cost itemization form.

Consent to Overtime Labor Costs

I hereby agree and stipulate to the county using overtime wages in calculating the following labor costs as itemized in the following categories:

1. ☐ Labor to copy/duplicate **2.** ☐ Labor to locate **3a.** ☐ Labor to redact **3b.** ☐ Contract labor to redact
6b. ☐ Labor to copy/duplicate records already on county's website

Requestor's Signature	Date

Request for Discount: Indigence

A public record search **must** be made and a copy of a public record **must** be furnished **without charge for the first $20.00 of the fee** for each request by an individual who is entitled to information under this act and who:

1) Submits an affidavit stating that the individual is indigent and receiving specific public assistance, **OR**
2) If not receiving public assistance, stating facts showing inability to pay the cost because of indigence.

If a requestor is ineligible for the discount, the public body shall inform the requestor specifically of the reason for ineligibility in the public body's written response. An individual is ineligible for this fee reduction if **ANY** of the following apply:

(i) The individual has previously received discounted copies of public records from the same public body twice during that calendar year, **(ii)** The individual requests the information in conjunction with outside parties who are offering or providing payment or other remuneration to the individual to make the request. A public body may require a statement by the requestor in the affidavit that the request is not being made in conjunction with outside parties in exchange for payment or other remuneration.

Office Use: ☐ Affidavit Received ☐ Eligible for Discount ☐ Ineligible for Discount

I am submitting an affidavit and requesting that I receive the discount for indigence for this FOIA request: Requestor's Signature:	Date:

Request for Discount: Nonprofit Organization

A public record search **must** be made and a copy of a public record **must** be furnished **without charge for the first $20.00 of the fee** for each request by a nonprofit organization formally designated by the state to carry out activities under subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 and the Protection and Advocacy for Individuals with Mental Illness Act, if the request meets **ALL** of the following requirements:

(i) Is made directly on behalf of the organization or its clients.
(ii) Is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931.
(iii) Is accompanied by documentation of its designation by the state, if requested by the county.

Office Use: ☐ Documentation of State Designation Received ☐ Eligible for Discount ☐ Ineligible for Discount

I stipulate that I am a designated agent for the nonprofit organization making this FOIA request and that this request is made directly on behalf of the organization or its clients and is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931: Requestor's Signature:	Date:

Submit to Monroe County
Email: foia_monroecounty @monroemi.org

Submit to Dispatch
Email: foia_dispatch @monroemi.org

Submit to Prosecutor
Email: foia_prosecutor @monroemi.org

Submit to Sheriff
Email: foia_sheriff @monroemi.org

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 01/2016)

External # 247912 | Crash ID

Page 1
File Class: 93001
Incident # [redacted]

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI5815800
Department Name: Monroe County Sheriff Office, MI
Reviewer: Sgt. Jeff Ellington (Sgt 7)

Crash Date: 05/12/2019 | Crash Time: 02:30 | No. of Units: 01 | Crash Type: Single
Special Circumstances: ● None ○Fleeing Police ○Hit and Run ○Unknown ○School Bus ○Animal
Special Checks: ○ Fatal ○ Non-Traffic Area ○ ORV/Snowmobile

County: 58 - MONROE | Traffic Control: None | Relation to Roadway: On the Road | Weather: Cloudy | Area: All Other Freeway Areas

City/Twsp: 14 - SUMMERFIELD TWP | Contributing Circumstances 1st: None | 2nd | Light: Dark-Unlighted | Road Surface Condition: Wet | Total Lanes: 02 | Speed Limit: 70 | Posted: Yes

Work Zone (if applicable) Type | Workers Present: No | Activity | Location

LOCATION

Prefix: N | Primary Road Name: US 23 | Road Type | Suffix | Divided Roadway: N
Distance/Direction: 0.5 Miles N | Trafficway: Divided Hwy with Barrier
Prefix | Intersecting Road Name: IDA WEST | Road Type: RD | Suffix | Divided Roadway

Unit Number: 01 | Unit Known: Yes | State | Driver License Number: [redacted] | Date of Birth (Age): [redacted] | License Type: ● Operator ○Chauffer ○Moped | Endorsements: ○Cycle ○Farm ○Recreation | Sex: M | Total Occupants: 01 | Hazardous Action: None

Unit Type: MV | Driver Information: [redacted] | Driver is Owner: Yes | Injury: O | Position: Front - Left | Restraint: Shoulder & Lap Belt

Driver Condition at Time of Crash 1st: Appeared Normal | 2nd | Driver Distracted By: Not Distracted | Ejected: No | Trapped: No | Airbag Deployed: Not Deployed

Hospital: None | Ambulance: None

Alcohol Suspected: No | Contributing Factor: No | Alcohol Test Type: ○Breath ○Blood ○Urine ○Field ○PBT ○Refused ● Not Offered | Alcohol Test Results: ○Pending | Test Results: | Interlock Device: No

Drug Suspected: No | Contributing Factor: No | Drug Test Type: ○Blood ○Urine ○Field ○Refused ● Not Offered | Drug Test Results: ○Pending | Test Results: | Citation Issued: ○Hazardous ○Other

Vehicle Registration: NONE | State: OH | Vehicle Description | Year: 2020 | Make: KIA | Model: SOUL | Color: BLK

VIN: KNDJ63AU2[redacted] | Vehicle Type: Passenger Car, SUV, Van | Special Vehicles: None | Private Trailer Type | Vehicle Defect: Other

Automation Systems(s) in Vehicle: No | Automation System Level in Vehicle: No Automation | Automation System Level Engaged at Time of Crash: No Automation

Insurance Company: FARM BUREAU | Insurance Policy # [redacted] | Towed By: LAROCCAS | Towed To: LAROCCAS

Location of Greatest Damage: 10 | First Impact: 11 | Extent of Damage (Power Unit and/or Trailers): Disabling Damage | Vehicle Direction: N | Vehicle Use: Private | Action Prior: Going Straight Ahead

Sequence of Events (● indicates MOST harmful event)● | First: 08 - Fire/Explosion | Second | Third | Fourth

PASSENGERS

Passenger Information | Date of Birth (Age) | Sex | Position | Restraint
Injury | Ejected | Trapped | Airbag Deployed
Hospital | Ambulance

Passenger Information | Date of Birth (Age) | Sex | Position | Restraint
Injury | Ejected | Trapped | Airbag Deployed
Hospital | Ambulance

Passenger Information | Date of Birth (Age) | Sex | Position | Restraint
Injury | Ejected | Trapped | Airbag Deployed
Hospital | Ambulance

Carrier Information | USDOT | MC | MPSC
Driver's CDL Type | Endorsements ○H ○P ○T ○N ○S ○X | CDL Exempt ○Farm ○Other
GVWR/GCWR ○10,000 lbs. or Less ○10,001 - 26,000 lbs. ○Greater than 26,000 lbs. | Vehicle Configuration | Cargo Body Type | Medical Card | Hazardous Material ○Placard ○Cargo Spill | ID # | Class #

OWNERS

Owner Information | Owner Information

Damaged Property | Public | Owner & Phone

Unit Number | Unit Known | State | Driver License Number | Date of Birth(Age) | License Type ○Operator ○Chauffer ○Moped | Endorsements ○Cycle ○Farm ○Recreation | Sex | Total Occupants | Hazardous Action

Unit Type | Driver Information | Driver is Owner | Injury | Position | Restraint

Driver Condition at Time of Crash 1st 2nd | Driver Distracted By | Ejected | Trapped | Airbag Deployed

Hospital | Ambulance

Alcohol Suspected | Contributing Factor | Alcohol Test Type Breath Blood Urine Field PBT Refused Not Offered | Alcohol Test Results Pending Test Results: | Interlock Device

Drug Suspected | Contributing Factor | Drug Test Type Blood Urine Field Refused Not Offered | Drug Test Results Pending Test Results: | Citation Issued Hazardous Other

Vehicle Registration | State | Vehicle Description | Year | Make | Model | Color

VIN | Vehicle Type | Special Vehicles | Private Trailer Type | Vehicle Defect

Automation System(s) in Vehicle | Automation System Level in Vehicle | Automation System Level Engaged at Time of Crash

Insurance Company | Insurance Policy # | Towed By | Towed To

Location of Greatest Damage | First Impact | Extent of Damage (Power Unit and/or Trailers) | Vehicle Direction | Vehicle Use | Action Prior

Sequence of Events First Second Third Fourth

(● indicates MOST harmful event)●

PASSENGERS

Passenger Information | Date of Birth (Age) | Sex | Position | Restraint
Injury | Ejected | Trapped | Airbag Deployed
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Injury | Ejected | Trapped | Airbag Deployed
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Passenger Information | Date of Birth (Age) | Sex | Position | Restraint
Injury | Ejected | Trapped | Airbag Deployed
Hospital | Ambulance

Carrier Information | USDOT | MC | MPSC

Driver's CDL Type | Endorsements ○H ○P ○T ○N ○S ○X | CDL Exempt ○Farm ○Other

GVWR/GCWR ○10,000 lbs. or Less ○10,001 - 26,000 lbs. ○Greater than 26,000 lbs. | Vehicle Configuration | Cargo Body Type | Medical Card | Hazardous Material ○Placard ○Cargo Spill | ID # | Class #

OWNERS

Owner Information | Owner Information

Witness Information | Witness Information

Investigated at Scene. **Yes** | Reported Date (Time) **05/12/2019 (03:39)** | 1st Investigator Name (Badge) **Dep. TIM GEORGE (43)** | 2nd Investigator Name (Badge) | Photos **No**

Narrative

Driver of vehicle 1 was traveling north on US23 north of Ida West Rd. Driver of vehicle 1 advised the vehicle is a new 2020 Kia Soul bearing an Ohio temporary registration. Driver of vehicle 1 stated the check engine light came on and the vehicle stalled out. Driver of vehicle 1 coasted to the right shoulder of the roadway where a fire ignited under the hood. Driver of vehicle 1 exited the vehicle and called 911. Upon this officers arrival the above mentioned vehicle was fully engulfed in flames. There was no injuries during this incident.

Diagram