



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 100145

Date Received: 03/26/2003 AM 7:18
OFFICE

Repository
Reference No. 10004480

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: MACON State: IL Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening Telephone Number: [Redacted]
E-mail Address: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: _____ Date: 1/1

VEHICLE INFORMATION

17 digit vehicle identification number (located in block or wheelwell of driver's side): 1G2FPC21K3M1203288
Make: PONTIAC Model: BONNEVILLE Model Year: 1999
Date Purchased: 06/00 Dealer's Name and Telephone Number: TALLMAN CADILLAC & PONTIAC
Engine: No. Cylinders: 6 Fuel Type: GAS
Original Owner: Dealer's City: DECATUR State: IL Zip Code: 62522
Transmission Type: Auto Antilock Brakes: Powertrain: [Redacted]
 Cruise Control Vehicle Component Code: 063200 ENGINE AND ENGINE COOLING EXHAUST SYSTEM: MANIFOLD
Multiple Failure: [Redacted]

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 16-JAN-2003 Failure Mileage: 70000 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: 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: _____ 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).

WHILE RUNNING, VEHICLE EXPERIENCED A BACK FIRE CAUSING THE MANIFOLD TO CRACK WHICH CAUSED A FIRE. DEALER NOTIFIED. PLEASE PROVIDE ADDITIONAL INFORMATION. TS

When backfire occurred engine died and smoke started to come out from under the hood. Open hood and put out fire with snow and finally a fire extinguisher. Fire dept. called, but was out when they arrived.

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.