



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 100079

Date Received

Repository

2003 MAY 10 9:45 AM

Reference No.
10019351

OWNER INFORMATION (Type or Print)

Name:

Address:

City DES MOINES

State IA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 05/31/03

VEHICLE INFORMATION

17 digit vehicle identification number located on the front or rear of the vehicle
1G2W152K0F260968

Make PONTIAC

Model GRAND PRIX

Model Year 1999

Date Purchased 05/10/02

Dealer's Name and Telephone Number
Watters & Ireland Inc. 800-322-2500

Engine: 3500
No. Cylinders 16

Fuel Type:

Original Owner

Dealer's City Indianapolis

State IA

Zip Code 524

Transmission Type Automatic

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
201000 WHEELS:RIM

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 07-MAY-2003

Failure Mileage 54,000

Failure Speed N/A

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make GoodYear

Tire Model (Name or Number) Eagle LS

Tire Size (Example P215/65R15) P225/60R15

DOT No. (Example: DOTN19ABC036)

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

Fire

Number of Persons Injured 0

Number of Deaths 0

Reported to Police N

Yes No

Yes No

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).

THE TECHNICIAN FOUND THE FRONT LEFT RIM CRACKED. *NLM
TECHNICIAN SAID IT MUST NOT BE DRIVEN BECAUSE ALL 4 WHEELS (RIMS) ARE
CAPABLE OF BLEWING OUT WHEN CRACKED.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 - Public Law 93-502 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.