



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 335

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OWNER INFORMATION (Type or Print)

Name _____
Address _____
City ~~SEATTLE~~ DUBLIN State CA Zip Code _____

Daytime Telephone Number _____
Evening Telephone Number _____

E-mail Address _____

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 at bottom of windshield on driver's side
NOT AVAILABLE 1GMDX06E4VD160023 Make PONTIAC Model TRANSPORT-TRANS SPORT Model Year 1997

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 Powertrain _____ Vehicle Component Code 152060 SEAT BELTS:REAR
 Cruise Control Multiple Failure: _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) _____ Failure Mileage _____ 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: 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).

THE DRIVERS AND PASSENGERS REAR SEATBELT LATCH DID NOT LATCH. THE VEHICLE WAS TAKEN TO THE DEALER WHO STATED THAT THEY NEEDED TO BE REPLACED. *NLM
SECOND ROW SEATS ^ PROPERLY

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 safe; 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.