



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

Date Received

2003 MAY 27 PM 3:36

Od_or _____
ri_dt _____
od_rt _____
up_ltr _____

Reference No.

10021981

OWNER INFORMATION (Type or Print)

Name _____
Street No. _____ Apt. No. _____
City Rossville State GA Zip Code _____
Daytime 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 5.7.03

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) <u>1G2H252KXWH217672</u>		Make <u>PONTIAC</u>	Model <u>Bonneville</u>	Year <u>1998</u>
Purchased Date <u>9/22/02</u>	Dealer's Name <u>Walker Oldsmobile Cadillac</u>	Engine Size (CID/CC) <u>3.0</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>Carrollton</u>	State <u>GA</u>	Zip Code <u>30170</u>	No. Cylinders <u>6</u>
Manufacture Date (on driver's door or pillar)	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____		Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s):	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

on Jan. 24 of this year my car wouldnt crank. I thought it was because it was so cold. So I drove my husband truck to work. I get off work on Fri. at 12:45. So when I got home, I tried to crank it again because it had warmed up a little but it still wouldnt crank. it would just grunt. I husband got home about 9. and he ask me if I got my car cranked. I told him no. and told me to get my keys and we would try it again. He opened the car door and leaned in. I tried to crank it. When he turned the key the 2nd time, it sounded like

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Something exploded under the hood and when we got the hood up it was burning so bad. We tried to smother it out with old clothes but we couldnt do anything with it. My husband. Halted for me to call the fire Dept and he ran for the water hose. Luckily it wasent froze. and we thought we had it put out when the fire truck got there. but it flared back up and they helped us. it was very scary. it is a wonder the whole car hadnt Blowed up. to hope nothing like this ever happens again

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20580

Official Business Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



From: [Redacted]
Roquille, GA.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590



Complete and return or place in your car manual for future use



VEHICLE OWNER'S QUESTIONNAIRE (VOQ)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH 2 DOT

and dial toll free at

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1-888-327-4236

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