



# 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	Ord_or _____ rt_dt _____ od_rt _____ up_tr _____
2003 JUN -4 AM 9:05	Reference No. 10022249

### OWNER INFORMATION (Type or Print)

Name: \_\_\_\_\_  
Street No.: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
City: CARROTON State: TX 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: 5/16/03

### PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits): 1G2WR5216KF304030 (Located at bottom of windshield on driver's side)  
Make: PONTIAC Model: GRAND PRIX Year: 1999  
Purchased Date: 8/99 Dealer's Name: DAVID McDAVID Engine Size (CID/CGL): 3.8 Turbo  Diesel   
 New  Used Dealer's City: IRVING State: TX Zip Code: \_\_\_\_\_ No. Cylinders: 6 Gas  Fuel Injection   
Manufacture Date (on driver's door or pillar): \_\_\_\_\_ Transmission Type:  Manual  Automatic  
Restraint System:  Driverside Air Bag  Motorbelt  Passengerside Air Bag  2-Point Belt  3-Point Belt  
Cruise Control:  Yes  No Drivetrain:  Front  Rear  4-Wheel  
Vehicle Type:  Car  Sport Utility  Van  Truck  Minivan  Motorcycle  Other  
Body Style:  2-Door  4-Door  Stationwagon  Pick Up Truck  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?  Yes  No NHTSA Previously Contacted?  Yes  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 checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	Reported to Manufacturer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).  
THE CAR COUGHT ON FIRE DURING REGULAR WORK COMPLETC.  
THE FIRE ORIGINATED IN THE ENGINE COMPARTMENT

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.