



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

Date Received  
2003 SEP 23 11 12 21  
25 OCT 2003

Repository   
Reference No.  
10024708

OWNER INFORMATION (Type or Print)

Name [Redacted]  
Address [Redacted]  
City KISSIMMEE State FL Zip Code [Redacted]

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

Do you authorize NHTSA, in the absence of an authorized representative of the manufacturer of your vehicle, to contact the manufacturer for the name or address of the vehicle manufacturer?  
Signature of Owner [Redacted]  YES  NO  
Date 9/18/03

VEHICLE INFORMATION

Make PONTIAC Model BONNEVILLE Model Year 1999

Date Purchased Sept. 1999 Dealer's Name and Telephone Number Cassin Pontiac 407-847-8122 Engine: No. Cylinders 6 Fuel Type: Reg- unlead GAS  
Original Owner  Dealer's City Kissimmee State FL Zip Code 34741

Transmission Type Auto  Antilock Brakes  Powertrain  Cruise Control  
Vehicle Component Code 102300 POWER TRAIN; MANUAL TRANSMISSION-SHIFT PATTERN IN  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 09/30/03 Failure Mileage 59000 Failure Speed [Redacted]  
Shift indicator does not work most of the time, eg. 3rd drive but actual in reverse, indicates in neutral but transmission will advance

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R15) [Redacted]  
DOT No. (Example: DOTM19ABC036)  Original Equipment  Prior Repair Failure Location: [Redacted]  
Tire Component Code [Redacted] Tire Failure Type [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]  
Seat Type: [Redacted] Installation System: [Redacted]  
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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 [Redacted] Number of Deaths [Redacted] 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 GEAR SHIFT INDICATOR IS GIVING FALSE READINGS. DRIVER HAS NO CLUE TO WHAT GEAR THE VEHICLE IS IN. \*AK

After internet research, found out some 1999 Bonneville's were recalled for same problem. called dealership, mine was not on recall list. call Pontiac Customer Service + GMAC got same answer. would not pay for repairs even though other 1999 Bonneville's were covered with same problem. Neither GMAC or Pontiac cared if

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 a complaint or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

it causes AN accident. was told by Pontiac - well it worked for 59,000 miles what did I want to expect

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300

ORLANDO FL 328

10SEP03PM 617



**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



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**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at

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**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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