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 100145

Date Received	Repository ☐
2003 JUL 25 AM 8:07 30-JUN-2003	Reference No. 10026194

OWNER INFORMATION (Type or Print)

Name			
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
City CINCINNATI	State OH	Zip Code [redacted]	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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 7/15/2003

VEHICLE INFORMATION

[redacted]	Make PONTIAC	Model MONTANA EXTENDED VAN	Model Year 2000

Date Purchased 02/09/00	Dealer's Name and Telephone Number FAX 513-583-7760 BOECHER DINS - 513-677-9200	Engine: No. Cylinders V-6	Fuel Type: GASOLINE
Original Owner ☒	Dealer's City CINCINNATI	State OHIO	Zip Code 45249

Transmission Type 4-SPEED AUTO	☒ Antilock Brakes ☒ Cruise Control	Powertrain MECH AUTOMATIC TRANSMISSION	Vehicle Component Code 140000 AIR BAGS
			Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
24-JUN-2003	23800		NO INJURIES SINCE PRETENSIONER WAS Replaced - PONTIAC WAS CONTACTED BY DOES NOT Replaced CUSTOMER PAID To Replace

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: DOTHALSABC096)	☐ 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), Cause(s), 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).

CONSUMER STATES LEFT PARTITION WAS OPEN CAUSING AIRBAG TO BE INOPERATIVE. DEALER NOTIFIED. *AK
CONSUMED STATED LEFT FRONT PRETENSIONER WAS OPEN AND HAD TO BE REPLACED. CUSTOMER TOOK VEHICLE IN TO SERVICE DEPARTMENT BECAUSE AIR BAG LIGHT STAYED ON ALL THE TIME. LIGHT WOULD GO OFF AND ON FOR SEVERAL MONTHS BEFORE IT STAYED ON AND COULD BE DIAGNOSED BY TECHNICIAN. — SERVICE TECHNITION SAID AIR BAG WOULD NOT ACTIVATE BECAUSE THE SEAT BELT PRETENSIONER WAS BAD. CUSTOMER PAID TO REPLACE. SHOULD THIS UNIT BE REPLACED?

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).