



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 100161

Date Received: **NOV 28 2003**
Repository:
Reference No.: **07 26**
10126491

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: **GENEVA** State: **OH** Zip Code: [Redacted]

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

Do you authorize NHTSA to contact you or your vehicle's manufacturer at the address above?
In the absence of a signature of owner, address to the vehicle manufacturer. YES NO
Date: **11/20/03**

VEHICLE INFORMATION

Make: **PONTIAC** Model: **SUNFIRE** Model Year: **1999**
Date Purchased: **13-OCT-02** Dealer's Name and Telephone Number: **Great Lakes 914-3100** Engine: No. Cylinders: **4** Fuel Type: **GAS**
Original Owner: Dealer's City: **Ashtabula** State: **OH** Zip Code: **44004**
Transmission Type: **Automatic** Antilock Brakes Cruise Control Powertrain: **?** Vehicle Component Code: **020000 SUSPENSION**
Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): **Nov 20th** Failure Mileage: **59,000** Failure Speed: **45mph, noise coming from steering**

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: DOTM15ABC036): [Redacted] Original Equipment Prior Repair Failure Location: [Redacted]
The Component Code: [Redacted] The 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).

FOR ABOUT THREE MONTHS A LOUD NOISE WAS HEARD COMING FROM UNDER THE VEHICLE. THE VEHICLE WAS TAKEN TO THE DEALER TWICE. CONSUMER CONTACTED THE MANUFACTURER, WHO STATED THERE WAS NOT A REMEDY FOR THIS PROBLEM. *AK

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