



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100147

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**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: PITTSBURGH State: PA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address:  
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: \_\_\_\_\_ Date: 1/1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)  
FILL IN: G2HX62K2XK4244887  
Make: PONTIAC Model: BONNEVILLE Model Year: 1999

Date Purchased: 6-25-99 Dealer's Name and Telephone Number: WRIGHT PONTIAC 412-276-2900  
Original Owner: [REDACTED] Dealer's City: CARNEGIE State: PA Zip Code: 15243  
Engine: 3800 No. Cylinders: 6 Fuel Type: REG

Transmission Type: FRONT DR. 4 SPD. AUTO MTRC  
 Antilock Brakes  
 Cruise Control  
Powertrain: FRONT WHEEL DRIVE  
Vehicle Component Code: 061000 ENGINE AND ENGINE COOLING:ENGINE  
Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 27-JUL-2003 Failure Mileage: BETWEEN 124K,000 Failure Speed: 30-35  
STALLS ONLY AT THOSE 3 SPEEDS DTY SENSOR REPLACED UNDER 15,000 MILES

**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: DOTM15ABC036)  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), crash(es), 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; (4) parts repaired or replaced (and if old part is available).

CONSUMER STATES THAT THE VEHICLE WOULD STALL AND IT WILL BE HARD FOR THE CONSUMER TO CONTROL THE VEHICLE. DEALER NOTIFIED. \*PH VEHICLE STALLS AT 30 OR 35 MPH - ABOUT 7 TIMES - 1ST TIME UNDER WARRANTY - DEALER REPLACED OXYGEN SENSOR. I DIDNT SEE ANY REASON TO RETURN TO DEALER SINCE THEY COULD NOT FIND PROBLEM. CAR NOW HAS 21,000 MILES - SERVICE MGR SAID IF IT DONT STALL FOR HIM, HE CANT FIX IT. HE SHOULD TAKE MY WOOD FOR IT. (OVER)

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.

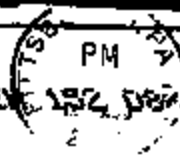
Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

AS OF 8-12-03 I HAVE NO RESPONSE TO LETTER I SENT TO GENERAL MOTORS. MY CHILDREN SAID I SHOULD GET RID OF THE CAR. I CAN'T AFFORD ONE. THE SERVICE MGR. TOLD ME IF IT DOESN'T HAPPEN TO THEM THEY DON'T KNOW WHAT TO DO. I'M NOT PLEASED WITH THIS ANSWER. I HAVE BEEN VERY TRUTHFUL ABOUT THE PROBLEM I NOW FEAR FOR MY SAFETY & MAYBE OTHERS. I NEED THE CAR AS I LIVE ALONE.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
400 Seventh St., S.W.  
Washington, D.C. 20590

WINGS FOR CHILDREN



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**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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COMPLETE THIS FORM  
OR

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and dial toll free at

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