



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 100147

Date Received

Repository ☐

2003 OCT - 6 PM 10:46
64 SEP 2003

Reference No.
10038168

OWNER INFORMATION (Type or Print)

Name

Address

City

GREEN SPRING

State WV

Zip Code

Daytime Telephone Number

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 10/6/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

367DB03E735574206

Make
PONTIAC

Model
AZTEC

Model Year
2003

Date Purchased

3/28/03

Dealer's Name and Telephone Number

Timbrook Pontiac 301-722-8300

Engine:
No. Cylinders

6

Fuel Type:

Gasoline

Original Owner

Dealer's City
Cumberland

State

MD

Zip Code

21502

Transmission Type

Auto

☒ Anti-lock Brakes

☒ Cruise Control

Powertrain

AWD

Vehicle Component Code

121000 EXTERIOR LIGHTING: HEADLIGHTS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
12-MAY-2003

Failure Mileage

Failure Speed

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: DOTM19ABC036)

☐ 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

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

☐ Yes ☒ No

☐ Yes ☒ No

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).

WHILE DRIVING AT NIGHT DRIVER CANNOT SEE RIGHT SIDE OF THE ROAD. RIGHT HEADLIGHT CANNOT BE ADJUSTED. *AK

NO LATERAL ADJUSTMENT ON HEADLIGHTS. LIGHT
SHINES TO RIGHT SIDE OF LANE AND INTO GRASS
AND WOODS.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) 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.