



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 1387

Date Received

200-000-0005 PM

Repository

Reference No.
10042331

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: MORTON GROVE State: IL Zip Code: [Redacted]

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: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side): 1G2HXS2K3XN240673
Model: PONTIAC Model Year: 1999
Date Purchased: 9-14-99 Dealer's Name and Telephone Number: HIGHLAND PARK - PONTIAC 847-831-4100
Original Owner: Dealer's City: HIGHLAND PARK IL State: IL Zip Code: 60035 Engine: No. Cylinders: 6
Transmission Type: [] Antilock Brakes: Powertrain: [] Cruise Control:
Vehicle Component Code: 081130 FUEL SYSTEM, OTHER: STORAGE-TANK ASSEMBLY: PRESSUR
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 10-15-01
9-15-03
Failure Mileage: 12000
Failure Speed: []

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [] Tire Model (Name or Number): [] Tire Size (Example P215/85R15): []
DOT No. (Example: DOTM18ABC0981) 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./Mfg: []
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: []

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 FUEL PRESSURE REGULATOR FAILED WHILE DRIVING. WHEN THIS OCCURRED VEHICLE LURCHED FORWARD BEFORE STOPPING, AND LOST POWER BRAKES AND STEERING. DEALERSHIP REPLACED THE PART, BUT THE PROBLEM RECURRED WITHIN 12,000 MILES. *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.