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 120

Date Received	Repository
29-MAR-2004	Reference No. 10065156

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number Same	
City MILLEDGEVILLE / State GA / Zip Code [redacted]		

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 4 12 04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located on both	Make	Model	Model Year
1GMDU06L85 [redacted]	PONTIAC	TRANS SPORT	1995

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
2003					
Original Owner ☐	Dealer's City from previous owner	State GA	Zip Code 31061		

Transmission Type			Vehicle Component Code
	☐ Antilock Brakes ☐ Cruise Control	Powertrain	221300 SEATS:FRONT ASSEMBLY:HEAD RESTRAINT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
29-MAR-2004	118 000		we were rear ended I was stopping to turn rt and they didnt stop - my drivers seat back broke and went to the floor

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: DOTMAL9ABC036)	☐ 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	1		Y

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'S VEHICLE HAD TO SLOW DOWN TO MAKE A TURN AND WAS REAR ENDED BY ANOTHER VEHICLE. THIS CAUSED THE BACK OF DRIVER'S SEAT TO COLLAPSE, AND DRIVER ENDED UP IN THE REAR OF THE VEHICLE. DRIVER SUSTAINED BACK, SHOULDER, NECK, AND HEAD INJURIES. *AK

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

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