



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 10D192

Date Received
2004 MAY 1
14-APR-2004

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OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City CLAREMONT State IL Zip Code [Redacted]

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

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of [Redacted] please 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 at bottom of windshield on driver's side
1G2HX52K5XH252661 Make PONTIAC Model BONNEVILLE Model Year 1999
Date Purchased [Redacted] Dealer's Name and Telephone Number [Redacted] Engine: [Redacted] Fuel Type: [Redacted]
Original Owner Dealer's City [Redacted] State [Redacted] Zip Code [Redacted] No. of Cylinders [Redacted]
Transmission Type Antilock Brakes Powertrain [Redacted] Vehicle Component Code 140000 AIR BAGS
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) [Redacted] Failure Mileage 97000 Failure Speed [Redacted]

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: DOTM1A5ABC036) Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code [Redacted] Tire 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 0 Number of Deaths 0 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).

CONSUMER COMPLAINED ABOUT AIR BAG PROBLEM. THE AIR BAGS DEPLOYED WITHOUT INCIDENT. *AK
Was driving son to 4-H meeting. Traveling about 40-45 mph when air bags deployed without incident. There were no major injuries. Busted out passenger side windshield & caused extensive damage (\$3700). General Motors is repairing vehicle because they could not find out why this would happen.

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.