



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 100216

Date Received

17 MAY 2004

Repository

Reference No.
10073577

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: [REDACTED] Date: 5/13/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G2HX52K3 [REDACTED]
Make: PONTIAC Model: BONNEVILLE Model Year: 1998
Date Purchased: 09-14-99 Dealer's Name and Telephone Number: HIGHLAND PARK PONTIAC 317-831-4100
Original Owner: Dealer's City: HIGHLAND PARK State: IL Zip Code: 60035 Engine: No. Cylinders: 6 Fuel Type: GAS
Transmission Type: [REDACTED] Antilock Brakes Powertrain: [REDACTED] Vehicle Component Code: 061000 ENGINE AND ENGINE COOLING: ENGINE
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 5-10-04 Failure Mileage: 26000 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 P216/65R16): [REDACTED]
DOT No. (Example: DOTMALSABC036): [REDACTED] 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).

WHILE THE VEHICLE WAS PARKED CONSUMER NOTICED THAT FLUID WAS LEAKING FROM UNDERNEATH. VEHICLE WAS TAKEN TO A BODY SHOP FOR INSPECTION, AND MECHANIC DETERMINED THAT THE HEAD GASKET NEEDED TO BE REPLACED DUE TO A DEFECTIVE HEAD GASKET. *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 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.