



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

06-JUN-2004

Repository ☐

2004
JUN 15 PM 7:11
Reference No.
10075937

OWNER INFORMATION (Type or Print)

Name

Address

City ALEXANDRIA

State AL

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 6/1/04

VEHICLE INFORMATION

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

3G7DA03E73

Make

PONTIAC

Model

AZTEK

Model Year

2003

Date Purchased
12-OCT-02

Dealer's Name and Telephone Number

Moore Buick & Pontiac

Engine:

No. Cylinders

4.6

Fuel Type:

Original Owner

☒

Dealer's City

Jacksonville

State

FL

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☐ Cruise Control

Powertrain

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failure: ?

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

07-JUN-2004

Failure Mileage

40,000

Failure Speed

30

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P216/66R16)

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

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

2

Number of Deaths

0

Reported to Police

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).

WHILE DRIVING 30MPH, ANOTHER VEHICLE RAN THROUGH A STOP LIGHT AND COLLIDED WITH CONSUMER'S VEHICLE. THERE WAS NO TIME TO DEPRESS THE BRAKES. UPON IMPACT, BOTH FRONTAL AIR BAGS DID NOT DEPLOY. *AK

amount for Replicable damage is \$9,500.00 on the vehicle

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 select 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.