



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: JUL 20 2004 14:51
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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: SIOUX CITY State: IA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]
Evening Telephone Number: [REDACTED]
E-mail Address: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
 YES NO
Signature of Owner: _____ Date: 7/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G2WP12K7[REDACTED]
Make: PONTIAC Model: GRAND PRIX Model Year: 1997
Date Purchased: 2-1999 Dealer's Name and Telephone Number: Sid Millian Engine: No. Cylinders: Fuel Type:
Original Owner: Dealer's City: Blain State: NE Zip Code:
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: Vehicle Component Code: 114100 ELECTRICAL SYSTEM WIRING: FRONT UNDERHOOD
Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 30-JUN-2004 Failure Mileage: Failure Speed:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: Tire Model (Name or Number): Tire Size (Example P215/66R15):
DOT No. (Example: DOTM18BABC036) 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: 0 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 TURNING THE VEHICLE ON CONSUMER HEARD A LOUD KNOCKING NOISE COMING FROM THE FRONT. CONSUMER TURNED THE VEHICLE OFF AND NOTICED THAT SMOKE WAS COMING FROM UNDERNEATH THE HOOD. THE FIRE WAS EXTINGUISHED BY THE FIRE DEPARTMENT.
The fire dept. was contacted after fire was out. Myself, Car was still smoldering. They gave me the ok to leave car.

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.