



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

Date Received

2004 JUL 19 PM 8:17

Od_or _____

rt_dt _____

od_rt _____

up_itr _____

Reference No.

10083409

OWNER INFORMATION (Type or Print)

Name _____

Street _____ Apt. No. _____

City Zion State IL Zip Code _____

Daytime 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 July 28, 04

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) <u>2GMCU06DZLT</u>		Make <u>Pontiac</u>	Model <u>Transport</u>	Year <u>'90</u>
Purchased Date <u>1/02</u>	Dealer's Name <u>DAVID McMARLIN</u>		Engine Size (CID/CYL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's City <u>Zion</u>	State <u>IL</u>	Zip Code <u>60099</u>	No. Cylinders _____
Manufacture Date (on driver's door or pillar)	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input type="checkbox"/> Driver's Side Air Bag <input type="checkbox"/> Motor Belt <input type="checkbox"/> Passenger's Side Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____		Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <u>Sleeper</u>		

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) <u>CRADLE BOLTS</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name		
Complete Tire Size	DOT No.		
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s): _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies): FIRST OF ALL THERE WAS A SAFETY RECALL ON THE VAN IN 3/99 AT WHICH IT WAS SUPPOSE TO BE FIXED. ON MAY 9TH 2004 WHILE I WAS DRIVING. THE REAR CRADLE BOLTS BROKE OFF CAUSING MY VAN TO LOSE CONTROL AND DROPPED FRAME WHICH DROPPED TRANSMISSION BREAKING IT ALSO BROKE STEERING SHAFT WHICH ALL DAMAGE CAME FROM THE CRADLE BOLTS BREAKING. AT THAT TIME I HAD TO HAVE IT TOWED. AND CONTACT GENERAL MOTORS AND THEY ADVISED ME TO ANTHONY FORNITICE TO HAVE IT CHECKED OVER.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I feel as if there was a safety recall on the
Cradle Bolts to be fixed and was. So why would this
happen to me. I had put money into Van and kept it in
good condition. They told me there is only 12 month
warranty for the recall. I feel as if the framing holds
everything together that it should be held up better.
And if I was going at a greater speed on a busy
highway like earlier. I could be hurt and killed
myself and other. I lost total control of the van
it was very serious. And all anyone could say to me
is if you were in a accident you could do something.
I guess I'm lucky that I wasn't. But the next person
might not be. please don't over look this matter

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 78178 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

Complete and return or place in your car manual for future use

**VEHICLE
OWNER'S
QUESTIONNAIRE
(VQQ)**



DOT AUTO SAFETY HOTLINE

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OR

DASH 2 DOT

and dial toll free at

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1-888-327-4236

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(DASH) 2 DOT



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