



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 241

Date Received  
JAN 26 AM 2:36  
08-DEC-2004

Repository   
Reference No.  
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**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City MUNROE FALLS State OH 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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1/1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1G2HD52KDW [REDACTED]  
Make PONTIAC Model BONNEVILLE Model Year 1998  
Date Purchased 20-AUG-2002 Dealer's Name and Telephone Number \_\_\_\_\_  
Original Owner  Dealer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Engine: No. Cylinders 6 Fuel Type: Gas  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control  
Powertrain FRONT WHEEL DRIVE  
Vehicle Component Code INTAKE MANIFOLD on ENGINE  
863200-ENGINE AND ENGINE COOLING-EXHAUST SYSTEM-MANIFOLD  
Multiple Failure: 2

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 30-NOV-2004 Failure Mileage 63571 Failure Speed \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make \_\_\_\_\_ Tire Model (Name or Number) \_\_\_\_\_ Tire Size (Example P215/65R15) \_\_\_\_\_  
DOT No. (Example: DOTM1A8ABC036)  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 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 DRIVING AT ANY SPEED VEHICLE WAS RUNNING ROUGH. IT WAS TAKEN TO A REPAIR SHOP, AND MECHANIC DETERMINED THAT THE PROBLEM WAS A CRACK IN THE INTAKE MANIFOLD. CONSUMER WAS CONCERNED THAT THIS WAS THE SECOND INTAKE MANIFOLD REPLACED WITHIN TWO YEARS. THE MANUFACTURER WAS ALSO NOTIFIED. \*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.