



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-DOCS OCT 18 PM

(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository ☐

1:03
06-SEP-2005

Reference No.
10135378

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City NORTH PORT State FL 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 _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number: Located at bottom of windshield on driver's side
1C4JDR3 [REDACTED] Make PONTIAC Model MONTANA Model Year 2005

Date Purchased 08-DEC-04 Dealer's Name and Telephone Number DARY SMITH 941-188-3667
Original Owner ☒ Dealer's City Venice FL State FL Zip Code 334239
Engine: No. Cylinders 6 Fuel Type: Gas

Transmission Type AUTOMATIC ☒ Antilock Brakes ☒ Cruise Control Powertrain ~~ALL~~ WHEEL DRIVE FRONT
Vehicle Component Code 181000 VEHICLE SPEED CONTROL: ACCELERATOR PEDAL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 31-AUG-2005 Failure Mileage 6,700 Failure Speed ?
Car went into high speed on its own - seemed to jump into overdrive

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: DOTM15ABC036) ☐ 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 1 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).

DT: THE CONTACT OWNS A 2005 PONTIAC MONTANA. THE CONTACT STATED WHILE DRIVING THE VEHICLE IT ACCELERATED, CAUSING IT TO CRASH INTO A TREE. SHE WAS DRIVING SLOWLY DOWN A DRIVEWAY. BYSTANDERS STATED THAT THERE WAS A GRINDING NOISE COMING FROM THE VEHICLE WHEN THIS WAS HAPPENING. THE CONTACT STATED SHE COULD NOT CONTROL THE VEHICLE. THE VEHICLE WAS TAKEN TO A BODY SHOP. THE BODY SHOP DECLARED THE VEHICLE WAS TOTALED. THE CONSUMER HAS NOT CONTACTED THE SERVICE DEALER TO DETERMINE THE CAUSE OF THE ACCELERATOR PEDAL MALFUNCTIONING. THE CONSUMER HAS NOT CONTACTED THE MANUFACTURER. *AK

Reported for investigation by a Hubbard County (Mn) deputy.

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.

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

20-0000 e-mail

Consumer (driver) did contact salesman at DORISY South in Venice, Florida & was told that what happened with this vehicle was not possible. However, I attest it did happen as reported. Fortunately I only suffered SEVER BRUISING and back SPASMS as a result.

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

Official Business
Penalty for Private Use \$300



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IN THE
UNITED STATES

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM**

OR

DASH2DOT

and dial toll free at

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