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 100148

Date Received: 2005 NOV 29 PM 1:07, 19-OCT-2005
Repository ☐
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OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: NORTH HOLLYWOOD | State: CA | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
E-mail Address: [redacted]
Evening Telephone Number:

Do you authorize NHT[redacted]turer of your vehicle? ☒ YES ☒ NO
In the absence of an [redacted]e or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 11/12/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GZWP52K5YF[redacted]	PONTIAC	GRAND PRIX	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-JUN-05	GATES CHEVY WORLD			No. Cylinders 6	Gas
Original Owner ☐	Dealer's City: SOUTH BEND, INDIANA	State: IN	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain: UNKNOWN	114300 ELECTRICAL SYSTEM:WIRING: REAR COMPARTMENT/TRUN Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
06-SEP-2005	83000		

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: DOTMALSABC096)	☐ 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 Accident, Collision, Crash(es), and Injury(ies))

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No	0		Y NO - insurance company handled

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: CONTACT'S VEHICLE WAS PARKED IN THE GARAGE AT 1:30 AM IN THE MORNING ON SEPTEMBER 6, 2005 THE ALARM WAS WENT OFF. MANAGER OF CONTACT'S APARTMENT BUILDING WAS TOLD HER THAT CAR WAS SMOKING, THE ALARM WAS GOING OFF, THE LIGHTS WERE FLASHING AND IT WAS SMOKING. THE CAR WAS FILLED WITH SMOKE. WE POPPED OPEN THE HOOD AND THE TRUNK. WE COULD SEE SPARKS COMING FROM THE TRUNK. THE CONTACT TRIED TO START THE CAR AND IT WOULDN'T START. INDIVIDUALS ON THE SCENE UNHOOKED THE BATTERY. HAD VEHICLE TOWED TO A LOCAL MECHANIC, WHO DETERMINED IT CAME FROM WIRING HARNESS. THE CONTACT PAID OUT OF POCKET EXPENSES TOTALING $3,000. *AK

rough estimate with rental & gas included
-have attached all paperwork
-have received claim from insurance company

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 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.

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).