



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  
JAN 19 PM 4:09  
12-DEC-2005

Repository   
Reference No.  
10144989

**OWNER INFORMATION (Type or Print)**

Name	[REDACTED]			Daytime Telephone Number	E-mail Address
Address	[REDACTED]			[REDACTED]	DIROYRYIN@SC.COM
City	SCOTTSPLAIN	State	NJ	Zip Code	[REDACTED]

Do you authorize NHTSA to contact the manufacturer of your vehicle?  YES  NO  
In the absence of your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 1/15/06

**VEHICLE INFORMATION**

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1162WP1214 [REDACTED]	PONTIAC	GACAO PRK	1997
Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
15-SEP-97	SLP PERFORMANCE PARTS INC	No: Cylinders 6	Gas
Original Owner	Dealer's City	State	Zip Code
<input checked="" type="checkbox"/>	TOM'S RIVER	NJ	08766
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control	FRONT WHEEL DRIVE	182810 STRUCTURE:BODY:HOOD:HINGE AND ATTACHMENTS
			Multiple Failures: 1

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

Incident Date(s)	Failure Mileage	Failure Speed
15-OCT-2005	100000	40

**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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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**

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 Deaths	Reported to Police N
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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 STATED THE LOOP THAT ATTACHES THE HOOD LATCH BROKE OFF ,AND HIT THE WINDSHIELD ON THE CONTACT'S SON'S VEHICLE. THE MANUFACTURER WAS CONTACTED AND THEY OFFERED NO FREE REMEDY. \*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 responses 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)

While Driving Hood Flipped Back Smashing Windshield and Roof top. Fortunately I was able to control the car and come to a safe stop. Once stopped I inspected the hood and found that the Loop attached to the Hook Failed allowing hood to flip back. Please see enclosed Pictures. According to the manufacturer they sent us 1 notice copy attached.

Taking into consideration the safety factors that occur here 1 notice supposedly unclaspers seems totally insufficient and likely requires to pursue safety.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 78173 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, NVS-216  
400 7th Street, SW  
Washington, DC 20590

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM

OR

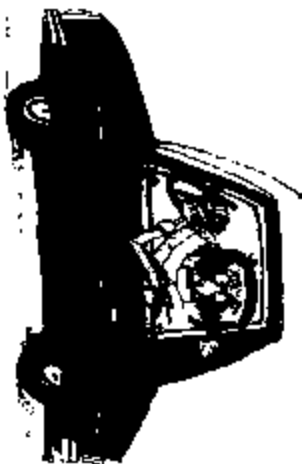
**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration  
[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

REGISTERED MAIL



2002 2500 0000 6547 7030

ROBINSON, JIMMY  
8 CLINTON LANE  
SCOTTS DELAWARE, NJ 07076

- A  UNRECOGNIZED ADDRESS
- B  ADDRESS NOT KNOWN
- C  NO SUCH STREET
- D  NOT DELIVERABLE AT ADDRESS
- E  UNABLE TO REACH MAIL

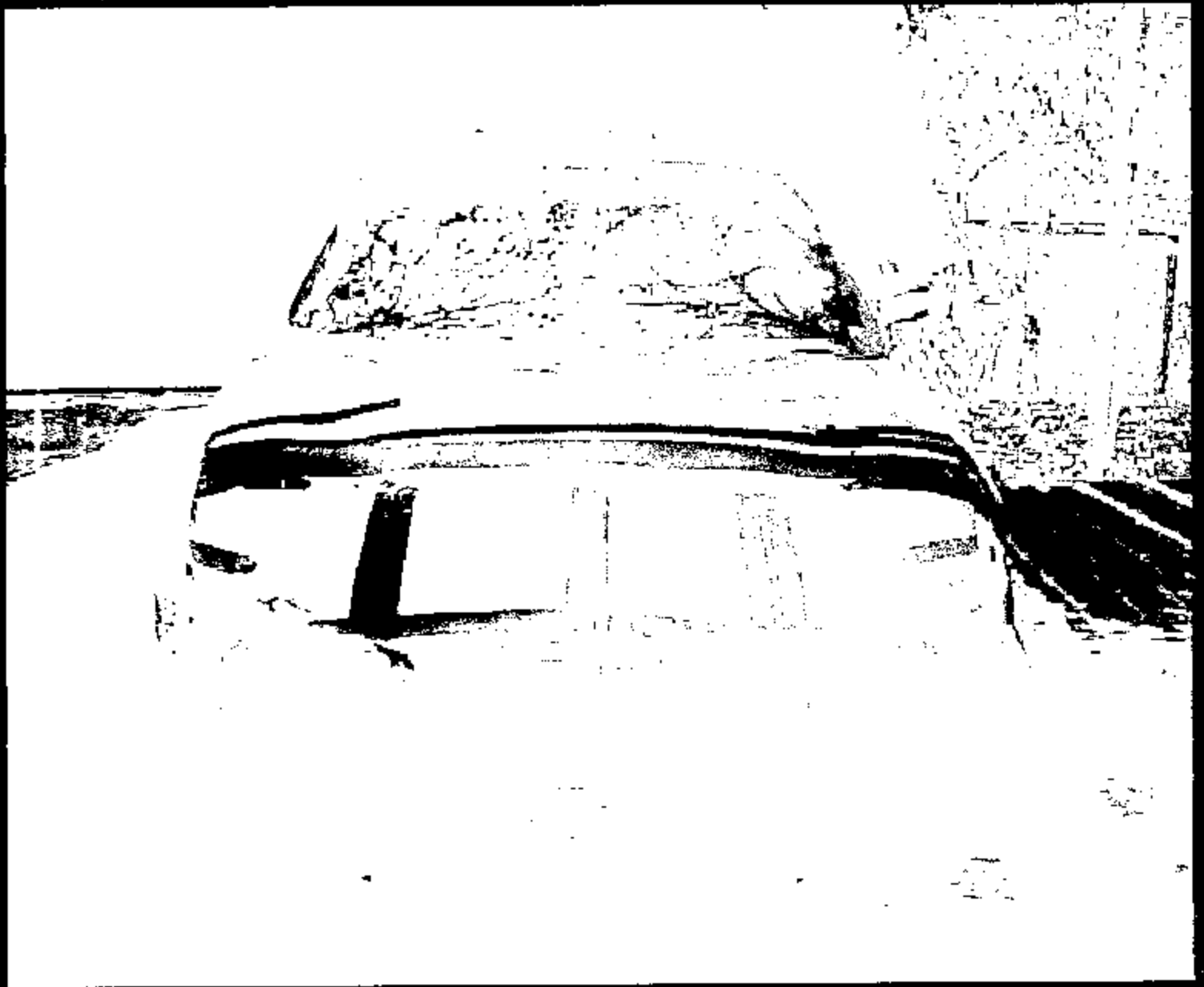
*Malcolm*

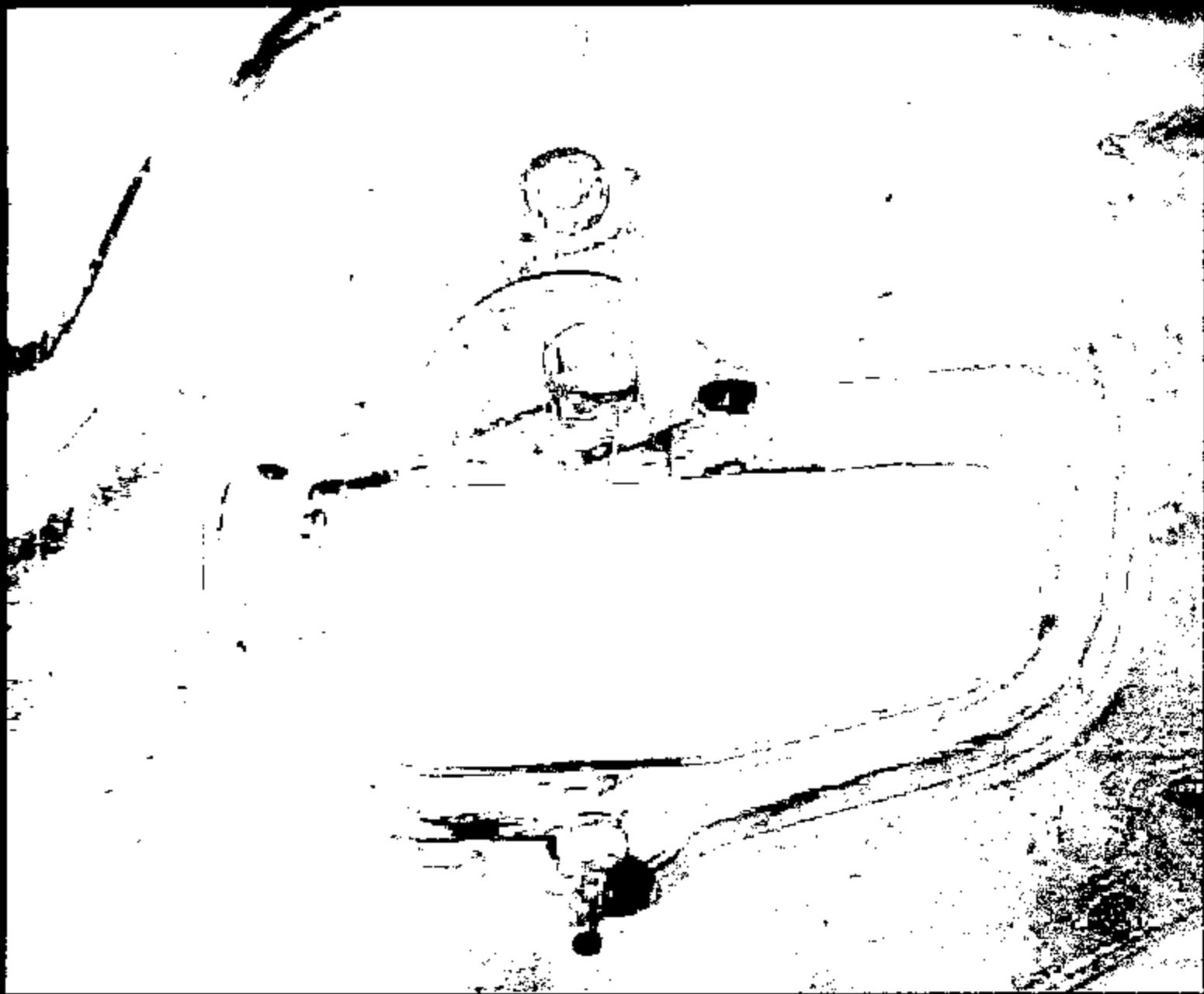
**RTS**

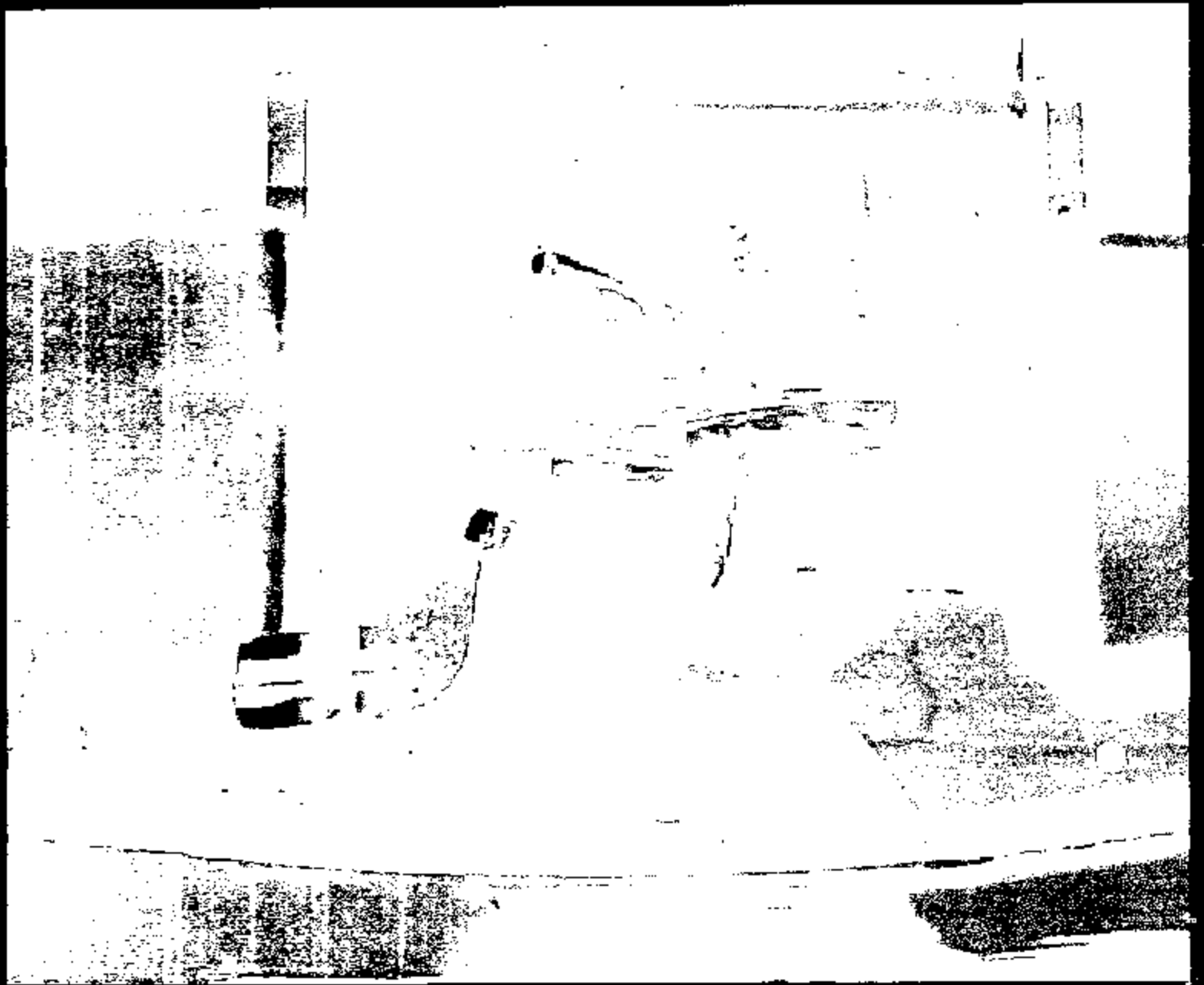
*Notified  
8/29/02*



U.S. MAIL PERMIT NO. 10000 NEW YORK, NY 10108







December 7, 2005

Mr. R. Robinson  
6 Clinton Lane  
Scotch Plains, NJ 07076

Mr. Kevin Woodruff, Manager  
SLP Performance Parts, Inc.  
1501 Industrial Way North  
Toms River, NJ 08755

Re: Hood Latch Failure

5498 6952 6000 0980 0860 7002

UNIT ID: 0462  
Postnet  
City: KBAPRR  
12/07/05

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt For (Performance Required)	1.75
Registered Delivery Fee (Performance Required)	
Total Postage & Fees	\$ 4.42

TO: Toms River, NJ 08755

Send to:  
Mr. Kevin Woodruff SLP Perf. Parts  
Street, Apt. No. or PO Box No. 1501 Industrial Way N  
City, State, ZIP+4 Toms River NJ 08755

Dear Sir,

On October 15, 2005, I experienced a hood latch failure on my 1997 Pontiac Grand Prix. This hood was purchased from your company. Your company had a recall on this hook, I have a copy of one returned notification marked unclaimed.

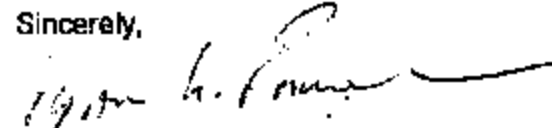
Since then I purchased a new hood. I have also called your office on several occasions, 11/9 - left message for you to return my call, 11/15 a.m. - left message again, 11/15 p.m. - left message again, 11/16 - left message and spoke to Art in customer sales, 11/18 - left another message. All five attempts to contact you resulted in the same response, no return call.

On the messages that I left you, I simply requested the case number for your filing with the National Highway Transportation Safety Adm. and or a copy of your plan for notification for restoration to your customers. I also requested that if my questions needed to be addressed to someone else in your company that you would please put me in contact with that individual.

Please contact me or have the appropriate person contact me upon receipt of this letter.

Your prompt response to this matter is appreciated.

Sincerely,

  
Ryan L. Robinson

*This letter was faxed and sent certified  
to this date no response. 1/5/06*

SENDER: COMPLETE THIS SECTION

- Complete items 1-3
- Print your name and address on the reverse so that we can return this card to you.
- Attach this card to the back of the mail piece or on the front if space permits.

1. Article Addressed to:

MR. KEVIN W. ROBINSON  
 SLP PERFORMANCE TRAINING  
 1501 INDUSTRIAL WAY N  
 TOMS RIVER, NJ 08753

2. Article Number:

(Optional)

3. Family Code:

(Optional)

COMPLETE THIS SECTION IF APPLICABLE

Article Number	
Family Code	
Postmark	
Date of Delivery	
Postage	
Postage Paid	
Postage Due	
Postage Refund	
Postage Returned	
Postage Unpaid	
Postage Unpaid - Return to Sender	
Postage Unpaid - Return to Addressee	
Postage Unpaid - Return to Post Office	

7002 0860 0002 0069 8445

December 7, 20

Mr. R. Robin  
 6 Clinton La  
 Scotch Pla

Kevin