



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

Repository

03-AUG-2006

Reference No.
10164430

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City WILLOWICK State OH Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number

Do you authorize [REDACTED] the manufacturer of your vehicle? YES NO
In the absence of [REDACTED] provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date: 8/12/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G2HX52K0XH [REDACTED]
Make PONTIAC Model BONNEVILLE Model Year 1999
Date Purchased 10-OCT-99 Dealer's Name and Telephone Number CLAY MATTHEWS PONTIAC Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City EUCLID State OH Zip Code 44173
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain UNKNOWN Vehicle Component Code 061100 ENGINE AND ENGINE COOLING:ENGINE:GASOLINE
Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 20-JAN-2004 Failure Mileage 40000 Failure Speed 40 Intake Manifold and Gasket

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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).

DT: CONTACT STATED THAT THE SEAL INTAKE MANIFOLD GASKET WAS BROKEN A YEAR AGO WHEN THE CAR HAD 40,000 MILES. THE BREAK IN THE INTAKE MANIFOLD CONSTITUTED A LEAK AND AS A RESULT OF THE LEAK THE ENGINE RAN VERY INEFFICIENTLY. HE PAID \$673 TO A PRIVATE MECHANIC FOR THE REPAIR ON 1/20/2004. CONTACT CALLED THE MANUFACTURER 3 TIMES TO REQUEST A REIMBURMENT, THE MANUFACTURER TOLD CUSTOMER THAT HE NEEDS TO GET IN TOUCH WITH NHTSA. CONTACT WANTS TO BE REIMBURSED SINCE HE FOUND LOT OF COMPLAINTS ON THE INTERNET CONCERNING INTAKE MANIFOLD GASKET PROBLEMS.

CAR WOULD NOT RUN AT ALL, ALL THE ANTIFREEZE LEAKED OUT.

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)

CAE WAS LEAKING ANTI-FREEZE, I'VE PROVIDED RECEIPTS ON SEVERAL OCCASIONS ALONG WITH LETTERS DESCRIBING THE PROBLEM

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



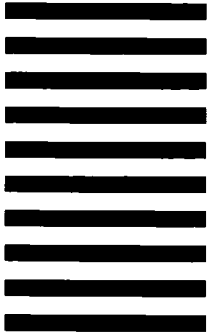
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 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-210
400 7th Street, SW
Washington, DC 20590



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

888-327-4236

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