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

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FOR AGENCY USE ONLY 100148

Date Received	Repository
15-NOV-2006	☐
	Reference No. 10173585

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City LAWTEY	State FL	Zip Code [redacted]	Evening Telephone Number [redacted]

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Signature of Owner [redacted] Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G2HX54K8Y4[redacted]	PONTIAC	BONNEVILLE	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
2001	Wade Rawlerson Pontiac			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City Gainesville	State FL	Zip Code 32609		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	010000 STEERING Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
13-NOV-2006	130000	5

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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*: THE CONTACT STATED WHEN THE ENGINE WAS RUNNING AND THE STEERING WHEEL WAS TURNED IN EITHER DIRECTION, THERE WAS A HOLLOW POUNDING SOUND. ALSO, THE SOUND OCCURRED WHEN THE VEHICLE WAS STOPPED OR TRAVELING FASTER THAN 5 MPH. THE VEHICLE WAS TAKEN TO A SERVICE DEALER WHERE THE INTERMEDIATE STEERING SHAFT WAS REPLACED. SIX MONTHS LATER, THE PART FAILED AGAIN. THE PROBLEM CONTINUED TO FAIL AND REQUIRED REPLACEMENT MORE THAN 7 TIMES. THE MANUFACTURER WAS NOTIFIED.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY