



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 07-MAR-2007  
Repository

Reference No.  
10184409

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City HUNTINGTON BEACH State CA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Evening Telephone Number [REDACTED]

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 6G2VX12U45 [REDACTED]		Make PONTIAC	Model GTO	Model Year 2005
Date Purchased 02-MAR-05	Dealer's Name and Telephone Number TUSTIN PONTIAC		Engine: No: Cylinders 8	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City TUSTIN	State CA	Zip Code	
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 021400 SUSPENSION:FRONT:MACPHERSON STRUT	
Multiple Failure: 1				

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

Incident Date(s) 05-FEB-2007	Failure Mileage 11700	Failure Speed	
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**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make BFG	Tire Model (Name or Number) Comp TA	Tire Size (Example P215/65R15) 245/45/17
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**

(Please describe in detail the incident(s), failure(s), crash(es) and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	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).

TL\*- THE CONTACT STATED THAT ON A ROUTINE TIRE ROTATION ON THE 2005 PONTIAC GTO WITH 11700 CURRENT MILEAGE THE TIRE SHOP DISCOVERED THAT THE FRONT STRUTS WERE RUBBING AGAINST THE TIRES. AND THE TIRES WERE WORN ON THE INSIDE. THE CONTACT STATED THAT THERE WERE NO FAILURES. THE VEHICLE WAS TAKEN TO A DEALER, AND THE PROBLEM WILL BE REPAIRED SOON. THE CONTACT WAS NOT SURE WHAT TYPE OF STRUT HE HAD, HE STATED THAT WAS PART OF THE ORIGINAL EQUIPMENT.\*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 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)

Car pulling to left. Had America's tire store rotate tires. Shop found rubbing on struts. Took to dealer and they realigned front end. Glad I caught the issue before it became serious.

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT  
NATIONAL HIGHWAY  
TRAFFIC SAFETY ADM  
400 7TH ST SW  
WASHINGTON DC 20590

OFFICIAL BUSINESS

SANTA ANA CA 927

24 MAR 2007 PM 5 L

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

US DEPARTMENT OF TRANSPORTATION  
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION  
OFFICE OF DEFECTS INVESTIGATION, NVS-210  
400 7TH ST SW  
WASHINGTON DC 20077-8214



Think your vehicle  
has a safety defect?



If so:

Use the enclosed  
form to file a report.

or visit:

[www.safercar.gov](http://www.safercar.gov)

or call:

Vehicle Safety Hotline  
**888-327-4236**

[www.nhtsa.gov](http://www.nhtsa.gov)

**NHTSA**

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U.S. Department of Transportation  
National Highway Traffic Safety Administration