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
FEB 17 2011 05-JAN-2011	☐
	Reference No. 10374762

OWNER INFORMATION (Type or Print)

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

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GMDX03EB4D[redacted]	PONTIAC	MONTANA	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
Aug, 2004	Seelye-Wright			No: Cylinders	
Original Owner ☒	Dealer's City South Haven	State MI	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 04-JAN-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE	Failure Mileage	Failure Speed
	278000	0

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:	

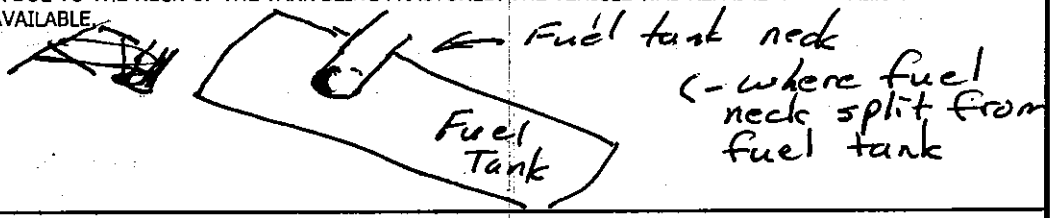
APPLICABLE INCIDENT INFORMATION

(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).

TL*THE CONTACT OWNS A 2004 PONTIAC MONTANA. THE CONTACT STATED THAT WHEN ADDING GASOLINE TO THE FUEL TANK HE NOTICED THAT THERE WAS A LEAK UNDERNEATH THE VEHICLE. THERE WERE NO WARNING SIGNS PRIOR TO THE FAILURE OTHER THAN THE ODOR OF FUEL WHEN THE VEHICLE CAME TO A STOP. THE VEHICLE WAS TAKEN TO A DEALER WHO INFORMED THE CONTACT THAT HE NEEDED TO REPLACE THE ENTIRE FUEL TANK DUE TO THE NECK OF THE TANK BEING FRACTURED. THE VEHICLE WAS REPAIRED. THE FAILURE MILEAGE WAS 278,000. THE VIN WAS UNAVAILABLE.



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