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
JUN 01 2011 02-MAY-2011	☐
Reference No. 10398510	

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City BUFFALO	State NY	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
1GMDV23E05D[redacted]	PONTIAC	MONTANA	2005

Date Purchased	Dealer's Name and Telephone Number			Engine: 3.4 LITER No: Cylinders	Fuel Type:
09-21-04	JIM MURPHY PONTIAC 716 684 8900			6	GAS
Original Owner ☐	Dealer's City DEPEW	State NY	Zip Code 14043		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
4 SPD AUTO	☐ Antilock Brakes ☑ Cruise Control	FRONT WHEEL DRIVE		11-NOV-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE	Failure Mileage	Failure Speed
	42000	

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			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 2005 PONTIAC MONTANA. THE CONTACT STATED THAT THE FUEL GAUGE DOES NOT DISPLAY AN ACCURATE READING AFTER REFUELING AND WHEN DRIVING AT VARIOUS SPEEDS. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHO STATED THAT THE FUEL GAUGE WOULD NEED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 42,000.

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

READ AN ARTICLE IN THE BUFFALO NEWS THAT THE NHTSA WAS LOOKING INTO FAILED GAS GAUGES ON GM VEHICLES. SINCE I HAVE THE SAME PROBLEM ON MY GM 2005 PONTIAC MONTANA I WOULD LIKE PONTIAS TO BE INCLUDED IN YOUR INVESTGATION. THANK YOU

[redacted]

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

BUFFALO NY 142

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