

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6) DOT Auto Safety Hotline		AGENCY USE ONLY 100148	
U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) Name: [REDACTED] Address: [REDACTED] City: NEDERLAND State: TX Zip Code: [REDACTED]		Date Received: 13-JUL-2015 Repository: ☐ Reference No.: 10733609 Daytime Telephone Number: [REDACTED] Evening Telephone Number: [REDACTED]	
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 6G2VX12486L [REDACTED]		Make: PONTIAC	Model: GTO Model Year: 2006
Date Purchased: [REDACTED]	Dealer's Name and Telephone Number: [REDACTED]		Engine: No. Cylinders: 8
Original Owner: ☐	Dealer's City: [REDACTED]	State: [REDACTED] Zip Code: [REDACTED]	Fuel Type: GAS
Transmission Type: Standard	☐ Antilock Brakes ☐ Cruise Control	Powertrain: [REDACTED]	Multiple Failure: [REDACTED] Incident Date(s): 10-JUL-2015
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes: 100000 POWER TRAIN, 101000 POWER TRAIN: CLUTCH ASSEMBLY			Failure Mileage: 33000 Failure Speed: [REDACTED]
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): [REDACTED]	☐ 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).			
TL* THE CONTACT OWNS A 2006 PONTIAC GTO. WHILE PARKED, THE VEHICLE FAILED TO SHIFT FROM THE NEUTRAL POSITION. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC WHERE IT WAS DIAGNOSED THAT THE CLUTCH SLAVE CYLINDER NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 33,000. THE VIN WAS NOT AVAILABLE.			
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.			