

OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

From: [DataQuality, DataQuality \(NHTSA\)](#)
To: [EVOO \(NHTSA\)](#)
Subject: FW:
Date: Thursday, December 17, 2020 9:01:44 AM
Attachments: [REDACTED]

From: [REDACTED]
Sent: Thursday, December 17, 2020 12:45 AM
To: DataQuality, DataQuality (NHTSA) <DataQuality@dot.gov>
Subject:

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U.S. Department
of TransportationNational 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

09-NOV-2020

Repository ☐Reference No.
11373799**OWNER INFORMATION (Type or Print)**

Name

Address

City

LOS ANGELES

State

CA

ZIP Code

Daytime Telephone Number

E-mail Address

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
 1G2WP5219VS
MAKE
PONTIACModel
GRAND PRIXModel Year
1997

Date Purchased

Dealer's Name and Telephone Number

Engine:
No: Cy inders

Fuel Type:

Original Owner

Dealer's City

STATE

ZIP Code

Transmission Type

☐

Antilock Brakes

☐ Cruise Control

Powertrain

Multiple Failure:

Incident Date(s)

01-JAN-2020

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Components Codes: 060000 ENGINE (PWS)

Failure Mileage
200000.0

Failure Speed

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: DOTM19ABC036)

☐ Original Requirement☐ 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), Injury(ies).)

Crash

☐ Yes ☒ No

Fire

☒ Yes ☐ No

Number of Persons Injured

Number of Deaths

Reported to Po ice
N**Narrative Description of Incident(s), Crash(es), 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 1997 PONTIAC GRAND PRIX. THE CONTACT STATED THAT THE VEHICLE ENGINE OIL WAS LEAKING ON TOP OF THE EXHAUST MINIFOLD AND CAUSED SMOKE EMITT FROM UNDER THE VEHICLE HOOD. THE VEHICLE WAS TAKEN TO AN UNKNOWN MECHANIC TO HAVE A DIAGNOSTIC PERFORMED THAT LOCATED THE FAILURE CODE AT THE VALVE COVER, THE CONTACT WAS NOT SURE IF THE VALVE COVER NAME THAT NEEDED TO REPLACED, THE CONTACT WAS NOT SURE IF THE WAS THE ENGINE BLOCK, OR OIL PAN VALVE COVER THAT NEEDED TO REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS CONTACTED. THE FAILURE MILEAGE WAS 200,000. LI

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.