



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

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0173
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY	
Date Received	Od-or _____ ft-dt _____ ort _____ p-l _____
Reference	
Day Time Telephone	560292

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RECEIVED
JAN 12 11 53 AM
NHTSA
SPECIAL INVESTIGATION

OWNER INFORMATION (Type or Print)

QC'd

560292

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 and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 223379N148194	Vehicle Make PONTIAC	Vehicle Model TRANS AM	Vehicle Year 69	Current Odometer Reading 36729
Purchase Date	Dealer's Name	City	State	Zip Code
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Engine Size (CID/CC/L) 350	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	No. Cylinders 8	<input checked="" type="checkbox"/> Fuel Injection
Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sports Util. Truck <input type="checkbox"/> Motorcycle	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Pinch weld	Part Name(s) Windshield Bonding surface	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No. of Failures 1	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Persons Injured 0	Number of Fatalities 0	Estimated Property Damage \$ _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters).
Note: This information not required for normal operation tires.

D	O	T								Manufacturer	Tire Name	Complete Tire Size
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TIRE SIZE

TIRE NAME

U.S. DOT safety standard code
The number may be on the inner side of the tire and have up to 11 letters and numbers. Usually located near rim flange on side opposite whitewall or on either side of blackwall tire.

TIRE MANUFACTURER

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 to 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)

Vehicle Brought in for windshield Replacement. Removed
Windshield (PPG BRAND) THAT WAS installed with Buyl
TAPE & silicone. New windshield NOT installed until
BODY REPAIRS ARE completed, NOTE APPROX 40 HOLES RUSTED
THRU Bonding surface. REST of vehicle in good shape
RUST most like CAUSED BY failure TO properly
PRIME SCRATCHES in Bonding AREA during previous
Removal & Replacement

Fold to show Return Address (no stamp needed) Fasten with tape and mail

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

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

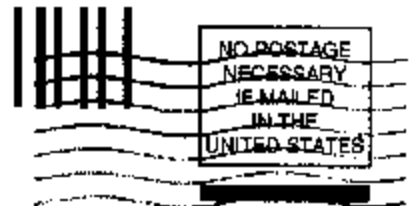


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400 7th Street, SW.
Washington, DC 20590



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