



**DOT Auto Safety Hotline  
Vehicle Owner's Questionnaire (VOQ)**

**NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline**

**FOR AGENCY USE ONLY 258**

Data Received  <b>31-AUG-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. <b>729682</b>	

Do you authorize NHTSA to provide a copy of 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) <small>(Listed at front of windshield or driver's side)</small> <b>2G2FV22G1W2204190</b>	Vehicle Make <b>PONTIAC</b>	Vehicle Model <b>TRANS AM</b>	Vehicle Year <b>1998</b>	Current Odometer Reading
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Purchase Date <b>01-DEC-1997</b>	Dealer's Name _____	Engine Size (CID/CC/L) <b>5.7</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	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 _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component	Part Name(s)	Location	Failed Part(s)
03260000 05210000 07300000	<b>BRAKES:HYDRAULIC:SHOE AND DRUM SYSTEM ENGINE COOLING SYSTEM:RADIATOR POWER TRAIN:TRANSMISSION:AUTOMATIC</b>	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) <b>14-CC-1999</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) <b>17000</b>		
	Vehicle Speed at Failure(s) _____		

**APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**I DON'T FEEL SAFE DRIVING THIS CAR. THEY REFUSED TO GIVE ME A NEW CAR IN THE BEGINNING WHEN THEY HAD TO WELD THE PILLAR POST TO THE FRAME. MY CAR HAS OVERHEATED MANY TIMES UNTIL THEY FOUND THE BROKE RADIATOR. THE TRANSMISSION HAS GONE OUT AND WAS JUST FIXED AND THE CAR NOW HAS A FIREWALL RATTLE. THE BRAKES ROTORS WERE WARPED. THEY WOULD NOT STAND BEHIND THEM. IT WOULD BE MY COST TO REAPIR THEM. THEY ARE STILL WARPED. THIS CAR HAD TO HAVE A NEW WINDSHIELD PUT IN ALSO. 4 RADIO, TWO REAR SPEAKERS, BELT TENSION PULLEY,OIL LEVEL SENSOR, U JOINTS,ALTERNATOR, RADIATOR CAP,LUMBAR SUPPORT REPAIRED 5 TIMES. THIS CAR HAS OTHER PROBLEMS ALSO. IT IS IN THE SHOP MORE THAN I HAVE IT. I AM DISABLED AND BOUGHT THE CAR TO HAVE A NICE LOOKING DEPENDABLE CAR. I BOUGHT A JUNK THAT**

CONTINUED ON BACK PLEASE

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.