

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

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

Date Received

27-SEP-2000

 Ocl_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

732668

 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 drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2G2FS22S0R2207261	PONTIAC	FIREBIRD	1994	

Purchase Date 01-AUG-1997	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. 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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000 13420000 10310000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM STRUCTURE:DOOR ASSEMBLY:HINGE AND ATTACHMENTS VISUAL SYSTEMS:WINDSHIELD WIPER	Location <input type="checkbox"/> Left <input type="checkbox"/> Frnt <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 5	Date(s) of Failure(s) <u>25-JAN-2000</u> Mileage at Failure(s) <u>86000</u> Vehicle Speed at Failure(s) <u>10</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 0	Number of Fatalities 0	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)

THE ABS DO NOT LOCK UP SOMETIMES WHEN I SLOW DOWN AT AN INTERSECTION. THE DOOR SKINS ON BOTH DOORS HAVE BECOME SEPARATED SEVERAL TIMES WHICH MAKES THE CAR DOORS NOT SHUT ALL THE WAY WHICH HAS ALMOST CAUSED ME AND OTHERS OUR LIVES. THE POWER WINDOWS AND LOCKS ALWAYS BREAK SO THAT I CAN NOT OPEN MY DOOR OR WINDOWS THEY ALSO COME OFF TRACK. THE WINDSHIELD WIPERS SCRATCH THE WINDSHIELD SO IT HAS TO BE REPLACED AND THEY DO NOT WIPE THE WHOLE WINDSHIELD WHICH LEAVES BLIND SPOTS IN MY POINT OF SIGHT CAUSING ME TO PULL OVER TO NOT CAUSE RECKS.

CONTINUED ON BACK

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.



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No. of Failures 5	Date(s) of Failure(s) 25-JAN-2000	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mileage at Failure(s) 86000	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) 10			

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CONTINUED ON BACK (REVERSE)

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