Form Approved: OMB No. 2127-0001

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) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 258	
Date Received: 21-MAY-2001	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ np_ltr ____ ____
	Reference No.: 745632

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1G2WP52KXYF250229	PONTIAC	GRAND PRIX	2000	

Purchase Dat				
01-MAR-2000 ☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L 3.8 LI No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio	

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☒ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12130000	INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	17-MAY-2001 24172 Mileage at Failure(s) 55	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No	1	0		☒ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

MY 6 YR. OLD DAUGHTER GOT HER NECK CAUGHT IN THE SEATBELT AFTER UNDOING IT TO HAND ME AN ICE CREAM CUP. I HEARD HER MURMUR AND LOOKED BACK, SHE WAS STRANGLING AND COULD NOT TALK. I SLOWED THE CAR CAREFULLY IN ORDER TO KEEP THE BELT FROM TIGHTENING AROUND HER NECK ANY TIGHTER AND GOT OUT TO HELP HER. I WAS UNABLE TO HELP HER BECAUSE THE BELT WAS AUTOMATICALLY TIGHTENING AND WOULD NOT RELEASE. A MAN IN ANOTHER VEHICLE STOPPED AND ASKED IF I NEEDED HELP. HE HAD A KNIFE AND WE HAD TO CUT THE SEATBELT OFF MY CHILD. BY THAT TIME, MY DAUGHTER HAD NOT BEEN ABLE TO BREATHE OR SPEAK. SHE ENDED UP WITH CERVICAL ABRASIONS, A VERTABRA OUT IN HER NECK, AND WE HAD TO WATCH HER FOR CLOSED HEAD INJURY SYMPTOMS. I DO NOT WANT THIS TO HAPPEN TO ANOTHER CHILD. IF THERE WOULD HAVE BEEN A RELE

CONTINUE OTHER SIDE IF NEEDED