Form Approved: OMB No. 2127-0042

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: 06-JUL-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 747990

[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
1GMDX03EXYD132137	PONTIAC TRUCK	MONTANA	2000	

Purchase Dat			
01-MAR-2000 ☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L _____ 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 ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☒ 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
15130000	EQUIPMENT:ELECTRIC POWER ACCESSORIES:LOCKS:DOOR	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
2	01-JUL-2001 30400	0	☐ 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 THREE YEAR OLD DAUGHTER WAS STARTING TO ENTER OUR MINIVAN AS THE POWER SLIDING DOOR WAS CLOSING. SHE REACHED IN TO STOP THE DOOR AND REVERSE IT (BY PRESSING THE INTERIOR BUTTON)AND THE DOOR CLOSED ON HER HAND AND SHUT. AN ADULT HAD TO COME AND OPEN THE DOOR BEFORE HER HAND COULD BE FREED. THE DOOR IS SUPPOSED TO REVERSE WHEN RESISTANCE IS ENCOUNTERED. I HAVE TRIED TO STOP THE DOOR AND THE AMOUNT OF RESISTANCE IT TAKES TO STOP THIS DOOR WOULD BRUISE MY ARM AND DEFINATELY CRUSH HER HAND OR ANY OTHER BODY PART INCLUDING HER HEAD. LUCKILY ONLY ONE SIDE OF HER HAND WAS STUCK AND SEVERELY BRUISED AND NOW SWOLEN AND BRUISED ACROSS HER KNUCKLES AND DOWN HER HAND. THE POWER OF THIS DOOR EXCEEDS ANY POWER BROUGHT ABOUT BY A GARAGE DOOR AND THEY SEEM TO HAVE HI

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