



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
14-JUL-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

748439

Work Number **703 808 6174**

Home Number **703 759 5412**

OWNER INFORMATION (Type or Print)

ROBERT FISCHER 703585
9311 KILBY GLENN DRIVE
VIENNA VA 221821652

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>(Location at bottom of windshield or driver's side door)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---|----------------|-------------------|--------------|--------------------------|
| 1G2HY54CXJW298539 | PONTIAC | BONNEVILLE | 1988 | |

| | | | |
|---|---------------------------------------|------------------------------------|--|
| Purchase Date 01-OCT-1988 | Dealer's Name _____ | Engine Size (CID/CC/L) 3800 | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio |
| <input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel | 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 Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other |
|--|---|---|--|---|---|--|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|------------------------------|---|--|--|
| Component 08210000 | Part Name(s) ELECTRICAL SYSTEM:ALTERNATOR:GENERATOR | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
|------------------------------|---|--|--|

| | | | |
|---------------------------|--|--|--|
| No of Failure 5 | Date(s) of Failure(s) 11-JUL-2001 Mileage at Failure(s) 184651 10 | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <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 Damag | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|---------------------------------------|----------------------------------|--------------------------|---|

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

PRIOR ALTERNATOR LASTED LEST THAN 15K MILES. I GET STRANDED EVERY TIME THE ALTERNATOR FAILS (NOW FOR THE FIFTH TIME). THIS IS DANGEROUS AND COULD LEAD TO MY INJURY OR EVEN DEATH, DEPENDING ON WHERE I AM THE NEXT TIME THE ALTERNATOR FAILS, INCLUDING ON THE HIGHWAY IN THE MIDDLE OF NOWHERE IN THE MIDDLE OF THE NIGHT.

CONFIDENTIAL - NHTSA

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 other federal laws. You are under no obligation to respond to this correspondence. Your response may be used to assist the NHTSA in determining...