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: 27-JUL-2001

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

Reference No.: 749310

[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
1G2WP1217WF205973	PONTIAC	GRAND PRIX	1998	

Purchase Dat		Engine Size	
01-SEP-1997	Dealer's Name_____	(CID/CC/L 3600CC	☒ Turbo
☒ New ☐ Used	City_____ State_____ Zip Code_____	No Cylinders _____	☐ 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 Utl ☐ 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
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT,	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
1	12-DEC-2000	60000 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)

I WAS STOPPED IN TRAFFIC WHEN STRUCK FROM BEHIND BY A CAR TRAVELING WELL IN EXCESS OF THE 35 MPH LIMIT WHO NEVER TOUCHED HIS BRAKES. UPON IMPACT I WAS DRIVEN INTO A TRUCK STOPPED ABOUT 7 FEET IN FRONT OF ME. MY CAR WAS DECLARED TOTALED BY HIS INSURANCE COMPANY WITH MAJOR DAMAGE TO THE FRONT AND REAR. NEITHER OF MY AIR BAGS DEPLOYED. I SUSTAINED A LEFT SHOULDER/ARM AND LEFT SIDE NECK INJURY WHICH I STARTED TREATMENT ON THE NEXT DAY. TREATMENT HAS HOPEFULLY COMPLETED AS OF SURGERY ON 7/16/2001 TO REMOVE DICS, REPAIR VERTEBRAE, AND PLACE A TITAINUM PLATE IN MY NECK EXCEPT OF COURSE 6-8 WEEKS OF RECOVERY FROM THE SURGERY. IN ADDITION TO MEDICAL COST, I , DUE TO THIS ACCIDENT HAVE BEEN NOT ALLOWED TO WORK FOR ALL BUT ABOUT 6 WEEKS IN THE 7 MONTHS SINCE THE ACCIDENT AND OF COUR

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