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: 01-AUG-2001

Od_or
rt_dt
od_rt
np_ltr

Reference No.: 749535

[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
	PONTIAC TRUCK	MONTANA	2000	

Purchase Dat			
01-MAR-2001 ☐ 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 ☐ 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
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT,	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
4	05-JUL-2001 Mileage at Failure(s) 70	☐ 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	2		☒ Yes ☐ No

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

WE WERE INVOLVED IN AN AUTO ACCIDENT ON JULY 5, 2001 IN A HEAD-ON COLLISION WHICH KILLED MY HUSBAND IMMEDIATELY AND MY SON DIED TWO DAYS LATER DUE TO HEAD INJURIES. I WAS INJURED WITH RIB FRACTURES/ LOW BACK SPINAL FRACTURES AND MY LEFT LEG REQUIRED SURGERY. I AM UNABLE TO BEAR WEIGHT ON MY LEFT LEG FOR APPROXIMATELY SIX MONTHS. A CAR WAS GOING EAST ON I-40 AND I WAS GOING WEST. IT CROSSED THE MEDIAN TRYING TO MISS A LADDER THAT HAD FALLEN OUT OF ANOTHER VECHICLE AND IT HIT US HEAD-ON. AIRBAGS DID NOT INFLATE UPON IMPACT. FRONT PASSENGER DID INFLATE AFTER WE WERE REMOVED, AND VAN CAUGHT ON FIRE. MY SON MIGHT HAVE BEEN SAVED IF THE AIRBAGS HAD INFLATED SINCE THE CAR WENT DOWN THE SIDE OF MY VAN. WE ALL HAD OUR SEATBELTS ON. MY SON WAS ONLY SEVEN YEARS OLD. *AK

CONTINUE ON A SEPARATE SHEET