



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

29-MAR-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

759961

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)<br><small>(Location at bottom of<br/>windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G2HX52K8WH213495  | PONTIAC      | BONNEVILLE    | 1998         |                          |

|   |                                       |                                      |  |
|---|---------------------------------------|--------------------------------------|--|
| Purchase Date<br><b>01-SEP-1998</b>                                   | Dealer's Name _____                   | Engine Size<br>(CID/CC/L) <u>3.8</u> | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injectio |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____                   |  |

|  |   |  |  |   |   |  |
|--|---|--|--|---|---|--|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input checked="" type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|--|---|--|--|---|---|--|

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |  |  |  |
|-----------------------|--|--|--|
| Component<br>05230000 | Part Name(s)<br>ENGINE COOLING SYSTEM:PUMP:WATER | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|-----------------------|--|--|--|

|                           |                                      |  |  |
|---------------------------|--------------------------------------|--|--|
| No of Failure<br><b>2</b> | Date(s) of Failure(s)<br>29-AUG-2000 | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|                           | Mileage at Failure(s)<br>83000       |  |  |
|                           | Vehicle Speed at Failure(s)<br>0     |  |  |

### APPLICATION INCIDENT INFORMATION

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

|   |   |                           |                      |                          |   |
|---|---|---------------------------|----------------------|--------------------------|---|
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|---------------------------|----------------------|--------------------------|---|

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

ON 8/25/2000 HAD TO HAVE MY WATER PUMP REPLACED(\$536.91). PICKED UP CAR WENT 11 MILE IT QUIT HAD TO BE TOWED BACK TO PERFORMANCE PONTIAC. INFORMED AT THAT TIME THE PLENUM FAILED COST OF THAT JOB INCLUDING TOWING AN RENTAL (\$830.80). ON 3/20/2002 CAR QUIT HAD TO BE TOWED IN TO PERFORMANCE PONTIAC AGAIN. CAUSE OF THE PROBLEM THE PLENUM FAILED AGAIN. WHEN I CALLED GM PONTIAC DIVISION THEY SAID THERE IS NOTHING THAT THEY CAN DO BECAUSE OF THE MILEAGE OF THE CAR. I DO NOT BELIEVE THAT IS THE ISSUE. IT'S A \$31000. I TRAVEL FOR A LIVING AND HAVE THE UPMOST RESPECT FOR MY VEHICLE. I HAVE ALL MY RECORDS OF MY MAINTENANCE THAT WOULD AMAZE YOU. THE CAR HAS NEVER BEEN OVER 3000 BEFORE EACH OIL CHG. TIRES ARE ROTATED

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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 subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.