



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 231

Date Received

25-FEB-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8004446

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) _____ (Location at bottom of windshield and driver's side door)		Vehicle Make PONTIAC TRUCK	Vehicle Model MONTANA	Vehicle Year 2000	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13400000	Part Name(s) STRUCTURE: DOOR ASSEMBLY	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER'S HAND GOT CAUGHT IN HANDLE OF SLIDING DOOR, CAUSING CONSUME'S WRIST TO TWIST AND BREAK. ONCE THE DOOR HAS STARTED TO OPEN THERE IS NO WAY TO STOP IT FROM OPENING. DEALER AND MANUFACTURER HAVE BEEN NOTIFIED. *AK

COPIES OF THIS FORM ARE:

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.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 231

Date Received

25-FEB-2002

Od_or _____
rt_dt _____
od_rt _____
up_itr _____

Reference No.

8004446

OWNER INFORMATION (Type or Print)

749261

Work Number

Home Number

Do you authorize NHTSA
in the absence of an authorized
Signature of Owner _____

Is your vehicle? ☒ YES ☐ NO
Address to the vehicle manufacturer _____

Date 3/5/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) Vehicle Make Vehicle Model Vehicle Year Current Odometer Reading

1GMDX03E8Y0149325

PONTIAC TRUCK

MONTANA

2000

45029

Purchase Date
Jan 2000

Dealer's Name Bennett Autoplex

Engine Size (CID/CC/L) 4.3L

☐ Turbo
☐ Diesel
☒ Gas
☐ Fuel Injectio

☒ New ☐ Used

City Salina State KS Zip Code 67401

No Cylinders 6

Transmission Type Antilock Brakes Restraint System Cruise Control Drive Train Vehicle Type Body Style

☐ Manual ☒ Yes ☒ 3-Point Belt ☐ Motorbelt ☒ Yes ☒ Front ☐ Car ☐ Sport Util
☒ Automatic ☐ No ☒ Driverside Airbag ☐ 2-Point Belt ☐ No ☐ Rear ☒ Van ☐ Truck
☒ Passengerside Airbag ☐ 4-Wheel ☐ Minivan ☐ Motorcycle
☐ 2-Door
☐ 4-Door
☐ Stationwagon
☐ Pick Up
☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13400000 Part Name(s) STRUCTURE: DOOR ASSEMBLY Location ☐ Left ☒ Right ☐ Front ☒ Rear Failed Part(s) ☒ Original ☐ Replacement

RH power Sliding Door

No of Failures Date(s) of Failure(s) 1-6-02 Mileage at Failure(s) 43000 Vehicle Speed at Failure(s) 0 Failed Part(s) ☐ Yes ☐ No NHTSA Previously ☐ 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 Fatalities Estimated Property Damage Reported to Police

☐ Yes ☒ No ☐ Yes ☒ No 1 ☐ Yes ☐ No ☐ Yes ☒ No

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

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CONTINUE ON BACK IF NEEDED

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