

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 1039	
U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received: <u>14-MAR-2002</u> Reference No. <u>8005659</u> Work Number _____ Home Number _____	
[Redacted Owner Information]		743391	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		In the absence of a signature, please print your name and address to the vehicle manufacturer.	
Signature of Owner: _____		Date: <u>3/25/02</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <u>1GNDX03E6VD264756</u>		Vehicle Make <u>PONTIAC TRUCK</u>	Vehicle Mode <u>TRANSPORT</u>
Vehicle Year <u>1997</u>		Current Odometer Reading <u>39881</u>	
Purchase Date <u>March 1998</u>	Dealer's Name <u>Butcher Buick Pontiac</u>		Engine Size (CID/CC/L) _____
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>West Hazlet</u> State <u>Pa</u> Zip Code <u>18201</u>		No. Cylinders <u>6</u>
Transmission Type <input type="checkbox"/> Manual <input checked="" 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"/> Motorbelt <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	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"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>09202000</u>	Part Name(s) <u>LIGHTING:LAMP OR SOCKET:HEAD LIGHTS</u>		Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear
No of Failures _____	Date(s) of Failure(s) _____ Mileage at Failure(s) <u>39</u> Vehicle Speed at Failure(s) _____		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
Failed Part(s) <input checked="" 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 type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____
Estimated Property Damage _____		Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
CONSUMER HIT A BUMP AND BOTH LENSES FELL OUT OF HEADLIGHTS. ADHESIVE THAT HOLDS LENSES DRIED UP. DEALER CONTACTED. *AK			

CONTINUE ON BACK IF NEEDED

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.