



**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 294**

Data Received  <b>19-OCT-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. <b>873382</b>	

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) _____ <small>(located at front of windshield or drivers side)</small>	Vehicle Make <b>PONTIAC TRUCK</b>	Vehicle Model <b>TRANS SPORT</b>	Vehicle Year <b>1997</b>	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>01000000</b>	Part Name(s) <b>STEERING</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) <u>28-SEP-2000</u> Mileage at Failure(s) <u>41</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**WHILE MAKING A TURN THE STEERING WHEEL LOCKED CAUSINF A COLLOSION WHICH TOTALLED THE VEHICLE.**

CONTINUED ON BACK PLEASE

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

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FOR AGENCY USE ONLY 284 Date Received RECEIVED 19-OCT-2000 OFFICE DEFECTS INVESTIGATION Reference No. 873382 Work Num Home Num

OWNER INFORMATION (Type or Print) 548199

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO Signature of Owner Date 10/31/00

VEHICLE INFORMATION Vehicle Ident. No. (VIN) 1GMDX03E5VD26158 Vehicle Make PONTIAC TRUCK Vehicle Model TRANS SPORT Vehicle Year 1997 Current Odometer Reading 41,000

Purchase Date 8-28-97 Dealers Name Louisiana Motors Engine Size (CID/CC/L) 3800 No Cylinders 6 Cyl Turbo Diesel Gas Fuel Injection

Transmission Type Automatic Antilock Brakes No Restraint System 3-Point Belt Motorbelt Driverside Airbag 2-Point Belt Passengerside Airbag Cruise Control No Drive Train Front Rear 4-Wheel Vehicle Type Van Sport Utl Truck Motorcycle Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other 2 Door

FAILED COMPONENT(S)/PART(S) INFORMATION Component 0110000 Part Name(s) STEERING:WHEEL AND COLUMN Location Left Front Failed Part(s) Original Replacement

No of Failures 1 Date(s) of Failure(s) 28-SEP-2000 Mileage at Failure(s) 41,000 Vehicle Speed at Failure(s) 45 mph Failed Part(s) Available? No NHTSA Previously Contacted? 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 Number of Persons Injured 0 Number of Fatalities 0 Estimated Property Damage 18,000 Reported to Police Yes No

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

WHILE MAKING A TURN STEERING WHEEL LOCKED, CAUSING A COLLISION WHICH TOTALLED THE VEHICLE.\*AK