


| DOT Auto Safety Hotline | | FOR AGENCY USE ONLY 241 | |
|---|---|--|---|
|  U.S. Department of Transportation National Highway Traffic Safety Administration | | Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline | |
| OWNER INFORMATION (Type or Print) | | Date Received | Od_or rt_dt od_rl up_ltr |
| [REDACTED] | | 11-JAN-2001 | Reference No. 878013 |
| 666287 | | Work Number | Home Number |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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.) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year |
| 1G2WP12K6VF321883 | PONTIAC | GRAND PRIX | 1997 |
| Purchase Date | Dealer's Name _____ | Engine Size (CID/CCIL) | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____ | |
| Transmission Type | Anti-lock Brakes | Restraint System | Cruise Control |
| <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" 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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | Drive Train | Vehicle Type |
| | | <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <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 <input type="checkbox"/> Truck |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
| Component | Part Name(s) | Location | Failed Part(s) |
| 06212000 | FUEL:CARBURETOR:UNKNOWN TYPE:MANIFOLD:INTAKE | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No. of Failures | Date(s) of Failure(s) 28-DEC-2000 Mileage at Failure(s) 60000 Vehicle Speed at Failure(s) | Failed Part(s) <input 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 | Fire | Number of Persons Injured | Number of Fatalities |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | | Estimated Property Damag | Reported to Polic |
| | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) | | | |
| INTAKE MANIFOLD GASKET FAILURE, CAUSING COOLANT LEAKAGE. DEALER / MANUFACTURER NOTIFIED, AND INFORMED THAT VEHICLE WAS OUT OF WARRANTY, AND NOT COVERED UNDER RECALL. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *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. | | | |



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 National Highway Traffic Safety Administration
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 www.nhtsa.dot.gov/hotline

Vehicle Owner's Questionnaire (VOQ)
 RECEIVED
 11-JAN-2001
 9:50 AM
 DEPT. OF TRANSPORTATION

OWNER INFORMATION (Type or Print)
 666287
 Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 YES
 NO
 In the absence of an authorized representative, please provide your name and address to the vehicle manufacturer.
 Signature of Owner

FOR AGENCY USE ONLY 241
 Date Received
 11-JAN-2001
 Reference No.
 878013
 Work Number
 Home Number

VEHICLE INFORMATION
 Vehicle IDEM. No. (VIN) 1G2WP12K6V321833
 Vehicle Make PONTIAC
 Vehicle Model GRAND PRIX
 Vehicle Year 1997
 Current Odometer Reading 61032

Purchase Date APR. 7 1997
 Dealer's Name Tom Peders
 State WV Zip Code 25271
 Engine Size (CID/CYL) 3.8L
 No Cylinders 4
 Turbo Diesel Gas Fuel Injection

Transmission Type Automatic
 Antilock Brakes Yes
 Restraint System 3-Point Belt
 Driver's Side Airbag 2-Point Belt
 Passenger Side Airbag No
 Cruise Control No
 Drive Train Front
 Vehicle Type Car
 Body Style 2-Door

Component 08212000
 Part Name(s) FUEL-CARBURETOR:UNKNOWN TYPE:MANIFOLD:INTAKE
 Location Front
 Failed Part(s) Original Replacement

No of Failures 01
 Date(s) of Failure(s) 26-DEC-2000
 Mileage at Failure(s) 80000
 Vehicle Speed at Failure(s) INTAKE LEAKS ALL THE TIME
 Failed Part(s) Available? Yes
 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 Yes No
 Number of Failures Yes No
 Estimated Property Damage Yes No
 Reported to Police Yes No

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

INTAKE MANIFOLD GASKET FAILURE, CAUSING COOLANT LEAKAGE. DEALER / MANUFACTURER NOTIFIED, AND INFORMED THAT VEHICLE WAS OUT OF WARRANTY, AND NOT COVERED UNDER RECALL. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK
 WAS TOLD BY MECHANIC AT TOM PEDERS THAT HAD BEEN SEEING THIS PROBLEM COMING IN. SISTER HAS 1999 BOUNVILLE WITH SAME MOTOR 3.8L. TOOK TO WARRIOR FORTAC IN PARKERSBURG WV HAVING SAME PROBLEM. THEY TOLD HER SAME THING BUT STATED THAT GM HAD

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TOM PEDEN



CHEVROLET-OLDSMOBILE-PONTIAC-BUICK, INC.

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YOUR BUSINESS IS APPRECIATED!

PLEASE LET US KNOW HOW WE CAN SERVE YOU BETTER.

| | | | | |
|-----------------------|---|---------------------------|--------------------------|----------------------------|
| CUSTOMER NO. 00000 | ADVISOR PAUL B EDWARDS 7301 | CARD NO. 2932 | INVOICE DATE 12/28/00 | INVOICE NO. 11000187873 |
| | LABOR RATE | LICENSE NO. | MI LEASE IN \$1932 | COLOR BRIGHT WHITE |
| | YEAR/MAKE/MODEL 97/PONTIAC/GRAND PRIX/BI COUPE | DELIVERY DATE 04/30/97 | STOCK NO. | DELIVERY MILES 11 |
| | VEHICLE ID 1 2 3 4 5 6 7 8 9 10 11 12 | BELLING DEALER NO. | PRODUCTION DATE | |
| | F.T.E. NO. | P.O. NO. | R.O. DATE 12/28/00 | |
| | CH MP | CH L36 | MI LEASE OUT | |

| | | |
|---|-------------------------------------|------------|
| LABOR & PARTS JOB # 07002 | ENGINE COOLING HOURS: TECH(S) 17339 | 134.75 |
| CUST STATES VEH HAS A COOLANT LEAK 1/2K AND ADVISE CK OUT AND PRESSURE TEST FOUND LEAKING AT UPPER INTAKE SMF THROTTLE BODY GASKETS. REPLACED GASKETS | | |
| PARTS | DESCRIPTION | UNIT PRICE |
| JOB # 1 | 1 2346290 | 15.00 |
| JOB # 1 | 17133137 | 32.00 |
| | JOB # 1 TOTAL PARTS | 47.00 |
| | JOB # 1 TOTAL LABOR & PARTS | 181.75 |

| | | | | |
|---------|------|---------------|-------------|------|
| ADISC | CODE | DESCRIPTION | CONTROL NO. | |
| JOB # A | 95 | SHIP SUPPLIES | | 3.00 |
| | | TOTAL | | 3.00 |

THANK YOU FOR YOUR PATRONAGE AT TOM PEDEN.
WE WANT TO MAKE YOU AWARE OF SOME OF OUR SPECIALS
... MAINTENANCE SPECIALS, WE ARE ...
... WE WOULD APPRECIATE SERVING YOU AGAIN IN THE NEAR FUTURE

| | |
|------------------|--------|
| TOTAL LABOR | 134.75 |
| TOTAL PARTS | 47.00 |
| TOTAL SUBLET | 0.00 |
| TOTAL G.S.T. | 0.00 |
| TOTAL DISC END. | 3.00 |
| TOTAL MISC DISC | 0.00 |
| TOTAL TAX | 11.16 |
| TOTAL INVOICE \$ | 198.00 |

CUSTOMER SIGNATURE

P. Vesa