



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 798

Date Received

25-JAN-2001

Od\_or \_\_\_\_\_  
R\_dt \_\_\_\_\_  
Pd\_rt \_\_\_\_\_  
Ip\_ltr \_\_\_\_\_

Reference No.

879031

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 bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G2HX52K2XH215812	PONTIAC	BONNEVILLE	1999	

Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/GCC) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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Transmission Type <input type="checkbox"/> Manual <input 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	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 03250000 03230000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM BRAKES:HYDRAULIC:MASTER CYLINDER	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 01-NOV-1999 Mileage at Failure(s) 25 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

### 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)

**BRAKES DO NOT WORK CORRECTLY. CONSUMER HAS TO STOP AT A GOOD DISTANT TO COME TO A COMPLETE STOP. ALSO, DRUMS HAVE BEEN CHECKED. LAST MONTH DEALER REPLACED BRAKE CYLINDER. BRAKE PROBLEMS HAVE CAUSED AN ACCIDENT. \*AK**

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-502) 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.

 DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> U.S. Department of Transportation National Highway Traffic Safety Administration NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY 756</b> Date Received: <u>FEB 22 PM 2:07</u> <u>26-JAN-2001</u> OFFICE OF INVESTIGATION Reference No. <u>879031</u> Work Number _____ Home Number _____	
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] <u>670019</u>			
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 <u>1/1</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) <small>(located at bottom of windshield on driver's side)</small> <u>1G2HX52K2XH215812</u>	Vehicle Make <u>PONTIAC</u>	Vehicle Model <u>BONNEVILLE</u>	Vehicle Year <u>1999</u> Current Odometer Reading _____
Purchase Date <u>Nov. 1999</u> <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name <u>Ernie Guzman</u> City <u>HOUSTON</u> State <u>TX</u> Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____ <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
		Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Min-van <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 Truck <input type="checkbox"/> Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>03250000</u> <u>03230000</u>	Part Name(s) <u>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</u> <u>BRAKES:HYDRAULIC:MASTER CYLINDER</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures _____	Date(s) of Failure(s) <u>01 NOV 1999</u> Mileage at Failure(s) <u>25</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
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 <u>None</u>	Number of Fatalities <u>None</u>
		Estimated Property Damage <u>\$1,200.00</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<b>BRAKES DO NOT WORK CORRECTLY. CONSUMER HAS TO STOP AT A GOOD DISTANT TO COME TO A COMPLETE STOP. ALSO, DRUMS HAVE BEEN CHECKED. LAST MONTH DEALER REPLACED BRAKE CYLINDER. BRAKE PROBLEMS HAVE CAUSED AN ACCIDENT. *AK</b>  <i>Brakes have never worked right since purchased in Nov. 1999. I kept reporting this to Ernie Guzman Dealership approximately 12 different occasions (over)</i>			
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.			

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURES (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED):

BRAKE Problems Since I first bought car in Nov. 1997

Reported to Ernie Guzman Pontiac Repeatedly: 3-24-00: IN ACCIDENT because of brake

11/99: Replaced cracked rim

12/30/99: Dealership Replaced front pads & serviced rear brakes - I called a few days after to report that brakes still didn't work right.

3/1/00: Dealership replaced 3 injectors & test drive car (said brakes ok. (They weren't))

3/13/00: To dealership - Engine light on - check test drive & said brakes ok. (They weren't)

3/24/00: To dealership because brakes didn't work

4/4/00: To dealership - replaced 3 plug wires - test drive & said brakes ok (they weren't)

7-6-00: To dealership - replaced alternator & finally - rear wheel cylinders

were leaking and were replaced

6-27-00: I had to replace 4 tires (Firestone tires original)

10-7-00: Battery replaced

12/22/00: Brakes went out > need new rotors, front pads, & rear brake cylinders leaking again - mechanic said he had seen several 99 Bonneville's with constant brake problems.

1-29-01: Dealership - replaced rear cylinders (brakes)

replaced oil pan gasket (oil leak)

Air conditioner - went out 4 different times

1-25-01: I reported to the manufacturer & manufacturer GM Co. said they would NOT assume any responsibility.

my concern is that safety & hopefully there won't be any fatalities in the future

This car has truly been a nightmare!

U.S.G.P.O. 1992-225/10000

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

