



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 436

Date Received

11-APR-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

885675

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>(Locate at bottom of and/or on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GMCU06D1LP221956	PONTIAC TRUCK	TRANS SPORT	1990			
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____				
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	<input type="checkbox"/> 2-Door <input 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 13100000	Part Name(s) STRUCTURE:FRAME:MEMBERS AND BODY	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) 06-APR-2001 10600 Mileage 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	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)

FRONT END WAS WOBBLING IN STEERING. CONSUMER HAD AN ALIGNMENT SHOP TO ALIGN VEHICLE, BUT AS THE MECHANIC EXAMINED VEHICLE, HE SAW SUBFRAME ON RIGHT SIDE WAS RUSTED. BEFORE CONFIRMING WORK, CONSUMER CONTACTED PONTIAC TO SEE IF ANY RECALLS WERE ON VEHICLE. PONTIAC WAS POLITE IN SAYING THAT VEHICLE WAS TOO OLD, THERE WAS NO WARRANTY AND NO RECALL. ALIGNMENT SHOP REPLACED RIGHT SIDE SUBFRAME, LEFT SIDE WAS LIKE NEW.'AK

COPIED FROM NHTSA FILE # 13100000

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 436

Date Received

11-APR-2001

Of or  
rt dt  
od rt  
up\_itr

Reference No.

885675

OWNER INFORMATION (Type or Print)

685899

Work N

Home N

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 4/16/01

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) Located at front of vehicle	Vehicle Make <u>PONTIAC</u>	Vehicle Model <u>TRANSPORT</u>	Vehicle Year <u>1990</u>	Current Odometer Reading <u>105856</u>
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Purchase Date <u>5/8/90</u>	Dealer's Name <u>Pete BAUR PONTIAC INC.</u>	Engine Size (CID/CC) <u>3.2L</u>	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Strongsville</u> State <u>Ohio</u> Zip Code <u>44136</u>	No. Cylinders <u>6</u>	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input checked="" type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utility <input type="checkbox"/> 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 checked="" type="checkbox"/> Other <u>3-Door</u>
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## FAILED COMPONENT(S)/PART(S) INFORMATION

Component <u>13100000</u>	Part Name(s) <u>STRUCTURE:FRAME:MEMBERS AND BODY</u>	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures <u>First</u>	Date(s) of Failure(s) <u>06-APR-2001</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Mileage at Failure(s) <u>100000</u>		
	Vehicle Speed at Failure(s) <u>65 MPH</u>		

## 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 checked="" 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>None</u>	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)

FRONT END WAS "WOBBLING IN STEERING. CONSUMER HAD AN ALIGNMENT SHOP TO ALIGN VEHICLE, BUT AS THE MECHANIC EXAMINED VEHICLE, HE SAW SUBFRAME ON RIGHT SIDE WAS RUSTED. BEFORE CONFIRMING WORK, CONSUMER CONTACTED PONTIAC TO SEE IF ANY RECALLS WERE ON VEHICLE. PONTIAC WAS POLITE IN SAYING THAT VEHICLE WAS TOO OLD, THERE WAS NO WARRANTY AND NO RECALL. ALIGNMENT SHOP REPLACED ~~FRONT SIDE~~ FRONT SUBFRAME, LEFT SIDE WAS LIKE NEW."AK

CONTINUE OR BACK IF NEEDED

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THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 1 through Page 3)

If wheels are removed elsewhere, we recommend that they be re-torqued by hand to reduce brake and wheel warpage.



