



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 125**

Date Received

22-JUN-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

891057

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>(Location at bottom of and/or above driver's side)</small>	Vehicle Make <b>PONTIAC TRUCK</b>	Vehicle Model <b>TRANS SPORT</b>	Vehicle Year <b>2001</b>	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ 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 Injectio		
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 Bel <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 Util <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 checked="" type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 15450000	Part Name(s) <b>EQUIPMENT:CHILD SEAT:INTEGRATED CHILD SEAT</b>	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) _____ 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)

**SHOULDER HARNESS STRAP CLIP ON INTEGRATED CHILD SEAT DOES NOT STAY ATTACHED. CHILD IS ABLE TO UNLATCH HARNESS CLIP. PLEASE GIVE ANY FURTHER DETAILS.\*AK**

CONTINUE ON REVERSE

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 125

Date Received 22 JUN 2001  
OFFICE DEFECTS INVESTIGATION

Od\_or \_\_\_\_\_  
yrdt \_\_\_\_\_  
bd rt \_\_\_\_\_  
up\_itr \_\_\_\_\_

OWNER INFORMATION (Type or Print)

[Redacted]

698627

Reference No.  
891057

Work Number \_\_\_\_\_

Home Number 2

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 include your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 07/03/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (locate at bottom of windshield or driver's side) 1GMDK0354WD198844 Vehicle Make PONTIAC TRUCK Vehicle Model TRANS SPORT Vehicle Year 2001 Current Odometer Reading 43,455

Purchase Date 8 2000 Dealer's Name K&F Cars Engine Size (CID/CC) \_\_\_\_\_ Turbo   
 New  Used City Effingham State IL Zip Code 62401 No. Cylinders 6 Diesel   
 Gas  Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 154600B Part Name(s) EQUIPMENT:CHILD SEAT:INTEGRATED CHILD SEAT Location  Left  Right  Front  Rear Failed Part(s)  Original  Replacement

No of Failures \_\_\_\_\_ Date(s) of Failure(s) \_\_\_\_\_ Mileage at Failure(s) \_\_\_\_\_ Vehicle Speed at Failure(s) \_\_\_\_\_ Failed Part(s) Available?  Yes  No NHTSA Previously Contacted?  Yes  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 Fire  Yes  No Number of Persons Injured \_\_\_\_\_ Number of Fatalities \_\_\_\_\_ Estimated Property Damage \_\_\_\_\_ Reported to Police  Yes  No

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

**SHOULDER HARNESS STRAP CLIP ON INTEGRATED CHILD SEAT DOES NOT STAY ATTACHED. CHILD IS ABLE TO UNLATCH HARNESS CLIP. PLEASE GIVE ANY FURTHER DETAILS.\*AK**

*Contacted Pontiac dealer with concerns and current model years were checked and were less worse than mine. Service Manager contacted Pontiac with my concern and was told that they are aware of this and have no plans on correcting this because this seat has been discontinued.*

CONTINUE ON BACK IF NEEDED

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