Form Approved: OMB No. 2127-0042

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 284

Date Received: 07-AUG-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 893671

[redacted]

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.) (Location of number and check digit)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1GNDU06D1ST214184	PONTIAC TRUCK	TRANS SPORT	1995	

Purchase Dat			
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L ____ No Cylinders ____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
13440000	STRUCTURE:DOOR ASSEMBLY:HANDLE:OUTSIDE	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s) 70 Mileage at Failure(s)_____	Failed Part(s)	NHTSA Previously
		☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

OUTSIDE HANDLES ON DRIVER'S SIDE AND PASSENGER'S SIDE DOORS ARE INOPERABLE. OWNER HAS TO ENTER VEHICLE THROUGH SLIDING DOOR. MANUFACTURER HAS BEEN NOTIFIED. *AK

CONTINUED 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 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.

Form Approved O.M.B. No. 2127-0008

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

RECEIVED
01 AUG 21 PM 1:16
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 284

Date Received: 07-AUG-2001

Od_dr
rt_dt
od_rt
up_ltr

Reference No.: 893671

OWNER INFORMATION (Type or Print)

[redacted] 705971

Work Number [redacted]
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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 8/14/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDU06D1ST214184	PONTIAC TRUCK	TRANS SPORT	1995	72,007

Purchase Date: Feb. '95 — [X] New [ ] Used

Dealer's Name: Auburn Pontiac Inc.
City: _____ State: MI Zip Code: _____

Engine Size (CID/CC/L): 3.1
No Cylinders: 6
[ ] Turbo [ ] Diesel [ ] Gas [X] Fuel Injecte

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
[ ] Manua [X] Automatic	[X] Yes [ ] No	[ ] 3-Point Belt [ ] Motorbelt [X] Driverside Airbag [ ] 2-Point Bel [ ] Passengerside Airbag	[X] Yes [ ] No	[ ] Front [ ] Rear [ ] 4-Wheel	[ ] Car [ ] Van [ ] Sport Uti [ ] Truck [X] Minivan [ ] Motorcycle [ ] Other	[ ] 2-Door [ ] 4-Door [ ] Stationwagon [ ] Pick Up [X] Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
13440000	STRUCTURE:DOOR ASSEMBLY:HANDLE:OUTSIDE	[X] Left [X] Front [X] Right [ ] Rear	[X] Original [ ] Replacemen

No of Failures

Date(s) of Failure(s): 4/30/01 (Driver's side); 5/27/01 (passenger's side)
Mileage at Failure(s): 70,273 ; 68658
Vehicle Speed at Failure(s): _____

Failed Part(s): [X] Yes [ ] No
NHTSA Previously: [ ] 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
[ ] Yes [X] No	[ ] Yes [X] No	N/A	N/A	N/A	[ ] Yes [X] No

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CONTINUE ON 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 4)





