



U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.

CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received 6/20/01	od-or _____
Reference No.	ri-ll _____
	od-rt _____
	up-tr _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE IDENT. NO. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1GMDX06E9VD244435	VEHICLE MAKE PONTIAC	VEHICLE MODEL TRANSPORT	MANUFACTURE DATE June 11 1997	MODEL YEAR 1997
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VEHICLE MANUFACTURER <input type="radio"/> BMW <input type="radio"/> Daimler/Chrysler <input type="radio"/> Ford <input checked="" type="radio"/> General Motors <input type="radio"/> Honda <input type="radio"/> Hyundai <input type="radio"/> Nissan <input type="radio"/> Saab <input type="radio"/> Sunar. <input type="radio"/> Toyota <input type="radio"/> Volvo <input type="radio"/> VW <input type="radio"/> Other _____	<input type="radio"/> New <input checked="" type="radio"/> Used	DEALER'S NAME POPEYE'S AUTO	CITY SAN DIEGO	STATE CA	ZIP CODE 92126	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
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PURCHASE DATE 4-5-99	ENGINE SIZE CID/CC/LI _____	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input checked="" type="radio"/> Yes <input type="radio"/> No	RESTRAINT SYSTEM <input type="radio"/> Driverside Airbag <input type="radio"/> Passengerside Airbag <input type="radio"/> 5-Point Belt <input type="radio"/> 2-Point Belt <input type="radio"/> Motorbet	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No
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DRIVETRAIN <input checked="" type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> 4 Wheel	VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Van <input checked="" type="radio"/> Minivan <input type="radio"/> Sport Utility <input type="radio"/> Truck <input type="radio"/> Motorcycle <input type="radio"/> Other _____	DOORS <input checked="" type="radio"/> 3 door <input type="radio"/> 2-Door <input type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Pick Up Truck <input checked="" type="radio"/> MINI VAN <input type="radio"/> Sedan <input type="radio"/> Stationwagon
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FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other BRACKET #019 OF ARM, RR SUSP CONT (PART of #120)	NO. OF FAILURES <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE 5/27/01	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT 47,240.00	TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other	
	VEHICLE SPEED AT INCIDENT 15 (Fifteen miles/h.)	<input checked="" type="radio"/> Original <input type="radio"/> Replacement	
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input type="radio"/> No	FAILED PART(S) AVAILABLE? <input checked="" type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input type="radio"/> No	

APPLICABLE 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="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF PERSONS INJURED <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fall Off <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Nasty <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Stability/Vibration <input checked="" type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨		

PLEASE DO NOT WRITE IN THIS AREA



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Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

THE REAR AXLE LEFT BRACKET BROKE AT THE SPEED OF 15 (FIFTEEN) MILES PER HOUR. THE BRACKET WAS PULLING THE VEHICLE TO THE SIDE IF THAT WOULD HAPPEN ON THE HIGHWAY AT A SPEED OF EVEN 50 MILES PER HOUR IT WOULD BE IMPOSSIBLE TO CONTROL THIS TYPE OF CAR. THE VEHICLE WOULD GO IN TO THE ROLLING SPIN CAUSING SERIOUS INJURY OR EVEN DEATH TO THE PASSENGERS OF THIS SEVEN SEED VAN.

WE WERE LUCKY AT THE FIFTEEN MILES PER HOUR WE HAD SOME BUMPS AGAINST THE ROOF BUT NOTHING SERIOUS, I AM 69 YEARS OLD AND I AM REPORTING THIS NOT FOR ANY TYPE OF PROFIT, I ONLY WANT TO SAVE LIVES OF THE CHILDREN AND THEIR PARENTS THAT MOST OF THE TIME USE THIS TYPE OF CAR



SALE PRICE
 1991 - 1992
 1993 - 1994
 1995 - 1996
 1997 - 1998
 1999 - 2000
 2001 - 2002
 2003 - 2004
 2005 - 2006
 2007 - 2008
 2009 - 2010
 2011 - 2012
 2013 - 2014
 2015 - 2016
 2017 - 2018
 2019 - 2020
 2021 - 2022

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Continuation of NHTSA Form 1088, 10/2009. See: 180 sheets

Describe any additional incidents. (include date and mileage)

The Privacy Act of 1974—Public Law 93-502: This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration. 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 processes will administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mark finished by NHTSA Form 1088, 10/2009. HHS. Printed in U.S.A. © Copyright 1999 by National Computer Systems, Inc. All rights reserved. HS Form 350 (Rev. 8/99)

U.S. Department of Transportation National Highway Traffic Safety Administration

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U.S. Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NSA-10.01 400 7th Street, SW Washington, DC 20590



Complete and return or place in your car manual for future use



VEHICLE OWNER'S QUESTIONNAIRE (VQQ)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236 DOT Auto Safety Hotline (DASH) 2 DOT



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www.nhtsa.dot.gov/hotline

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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)



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See back side

Seaback side

