



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	Order _____
2/15/02	First _____
Reference #	Order _____
	Up to _____

## OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

## VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of instrument cluster on driver's side)		VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
2G2FS22K412148655		PONTIAC	FIREBIRD	062001	2001
VEHICLE MANUFACTURER					
<input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other <input type="checkbox"/> DaimlerChrysler <input checked="" type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW					
PURCHASE DATE	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
7-10-2001		EARL DUNN PONTIAC	MADISON	TN.	37115
ENGINE SIZE	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM
ICID/CCID 3.8 NO. CYLINDER 4	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	<input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2 Point Belt <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 3-Point Belt
CRUISE CONTROL					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
DRIVETRAIN	VEHICLE TYPE		DOORS	BODY STYLE	
<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	<input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle		<input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door	<input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Station wagon	
	Other sports CAR				

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

<b>COMPONENT</b> <input type="checkbox"/> Child Seat <input checked="" type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input checked="" type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	INCIDENT DATE	TIRE NAME
	NUMEROUS (daily)	9-01 to present	N/A
	MILEAGE AT INCIDENT	VEHICLE SPEED AT INCIDENT	TIRE BRAND
APPROX 1,200 to present	0-70 mph	<input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other	
<b>FAILED PART(S)</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	<b>FAILED PART(S) AVAILABLE?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>NHTSA PREVIOUSLY CONTACTED?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>HANDICAPPED ADAPTIVE</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	<b>CRASH</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>NUMBER OF PERSONS INJURED</b> <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<b>CAUSE OF INCIDENT</b> <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Floor Fr./Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnected/Fall Off <input type="checkbox"/> Engine/Floor Performance <input type="checkbox"/> Loose or other	<input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Shocks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	<b>RESULT OF INCIDENT</b> <input type="checkbox"/> Exposed Tire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Incomplete Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	<b>FIRE</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>NUMBER OF FATALITIES</b> <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9			

PLEASE DO NOT WRITE IN THIS AREA



06014

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

Battery amp gauge fluctuates @ random - making amps (18) then dropping dramatically down as low as 8  
- lights (head lights, brake lights, dash) brighten & dim @ random including high beams  
- misses continuously  
- misses tries to die, steering becomes difficult @ random when turning sharply to left or right  
- All lights dim & car misses severely when rear defrost is turned on (gauges go crazy)  
- When brake is pressed @ night when lights are on, gauges & lights drop & rise at will.  
- lights periodically go to dim they almost go out  
- lights have almost caused me to be rear ended once 11/07/01  
- steering complications have almost caused me to go thru a medium due to lack of control 12-2001

Continue on additional page if necessary.

Describe any additional incidents. (include date and mileage)

The Privacy Act of 1974 - Public Law 93-579. The information is collected 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 recall notice should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against manufacturers, your responses, or a statistical summary thereof, may be used in support of the agency's action.

Mark Release by NCS EW-226228-1659421 H180 Printed in U.S.A.

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IN THE  
UNITED STATES

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POSTAGE WILL BE PAID BY NAT'L HWY. TRAFFIC SAFETY ADMIN.

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**

**(V00Q)**

**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



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

[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

U.S. Department  
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