



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 120

Date Received: **07 FEB 23 JAN 2003 7:53**

Repository
Reference No. 10003839

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: **ST LOUIS** State: **MO** Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening Telephone Number: [Redacted]

E-mail Address: [Redacted]

Do you authorize NHTSA to use this report to the manufacturer of your vehicle? YES NO
In the absence of a signature, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: **12/03/03**

VEHICLE INFORMATION

17 digit vehicle identification number: **1G2NF52T24M563039**
Make: **PONTIAC** Model: **GRAND AM** Year: **2001**
Date Purchased: **02.09.02** Dealer's Name and Telephone Number: **Low Fusz, Motor Company** Engine: No. Cylinders: **4** Fuel Type: [Redacted]
Original Owner: Dealer's City: **St. Louis** State: **MO** Zip Code: **63141**
Transmission Type: [Redacted] Antilock Brakes Powertrain: [Redacted] Vehicle Component Code: **351500 EQUIPMENT:RECREATIONAL VEHICLE:LPG WATER HEATER**
 Cruise Control Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): **14-JAN-2003** Failure Mileage: **43000** Failure Speed: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM19ABC036): [Redacted] Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: [Redacted] Number of Deaths: [Redacted] Reported to Police: **N**

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e. parts repaired or replaced (and if old part is available).

CONSUMER STATED THE HEATER IS NOT WORKING, CONSUMER WAS INFORMED THE HEATER MOTOR WAS INOPERATIVE. #18
1 and 2 not working on heater, clicking noise real loud being heard, sounds like it is coming from heater, it clicks real fast continuously. I did contact Low Fusz, and they stated "We'll look at it for \$200."

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.