



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 8/15/03
OFFICE OF DEFECTS INVESTIGATION

Repository
Reference No. 10003976

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City SMITHTOWN State NY Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [Redacted]
Evening Telephone Number [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 8/15/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G2NP1221XF28509
Make PONTIAC Model GRAND AM Model Year 1997
Date Purchased _____ Dealer's Name and Telephone Number _____ Engine: No: Cylinders _____ Fuel Type: _____
Original Owner Dealer's City _____ State _____ Zip Code _____
Transmission Type Antilock Brakes Cruise Control Powertrain _____ Vehicle Component Code 010000 STEERING
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-JAN-2003 Failure Mileage _____ Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

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

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

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 _____ Number of Deaths _____ 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).

PRIOR TO OCT 99 THE VEHICLES STEERING WHEEL WOULD LOCK UP WHILE ATTEMPTING TO MAKE LEFT TURNS. ON ONE OCCASION THE CONSUMER WAS COMING OUT OF A DRIVEWAY WHEN THE STEERING LOCKED UP CAUSING THE VEHICLE TO HIT THE CURB. THIS INCIDENT CAUSED SOME MINOR DAMAGE TO THE BUMPER. *NLM

*Repair was made to the vehicle by dealer + body shop.
Replaced steering rack + gear kit by dealers.
Body damage fixed by local body shop.*

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

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.