



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 252

Date Received

Repository

8:25 JAN-2003

Reference No.
10004437

OWNER INFORMATION (Type or Print)

DEFECTS INVESTIGATION

Name

Address

City CINN

State OH

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

SAME AS ABOVE

MWALLER@FUSE.NET

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

YES NO

Signature of Owner

Date 2/14/2003

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

PLEASE FILL IN

1GANE52E8XC554199

Make PONTIAC

Model GRAND AM

Model Year 1999

Date Purchased 5-20-99

Dealer's Name and Telephone Number WALKER PONTIAC 513-772-5565

Engine: No. Cylinders 6

Fuel Type: REGULAR

Original Owner YES

Dealer's City SPAINGDALE, OHIO

State OH

Zip Code 45246

Transmission Type AUTO

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code

111100 ELECTRICAL SYSTEM: BATTERY: CABLES

Multiple Failure: 2 TIMES

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 17-JAN-2003

Failure Mileage 51,300

Failure Speed

2 TIMES (POSITIVE CONNECTION ON BATTERY POST

4-20-2001

26,100

HAS BROKE OFF & LEAKED ACID IN ENGINE COMPARTMENT

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: DOTM15ABC036)

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

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

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).

WHILE TRAVELING ON THE HIGHWAY WITHOUT PRIOR WARNING. THE VEHICLE WILL SHUT DOWN AND WILL NOT RESTART. DUE TO THE POSITIVE POST INSIDE OF THE BATTERY AND ALSO LEAKING ACID. PLEASE FILL IN ADDITIONAL INFORMATION DEALER IS AWARE OF THE PROBLEM TS

CABLE THAT RUNS TO STARTER FROM THE POSITIVE POST WAS CORRODED SINCE END BROKE OFF & HAD TO REPLACE IT & REPLACE THE BATTERY.

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.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**