



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 136B

Date Received
2003 MAY 27 AM 9:26
27-JAN-2003

Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: SPRING State: TX Zip Code: [Redacted]
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [Redacted]

Do you authorize NHTSA to contact you regarding your vehicle? YES NO
In the absence of an authorized signature, this questionnaire is void.
Signature of Owner: [Redacted] Date: 03/25/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
1G2MF52E31G127003
Make: PONTIAC Model: GRAND AM Model Year: 2001
Date Purchased: [Redacted] Dealer's Name and Telephone Number: WIESNER
Original Owner: Dealer's City: CONROE State: TX Zip Code: [Redacted]
Engine: No. Cylinders: 6 Fuel Type: [Redacted]
Transmission Type: AUTO. Antilock Brakes: [Redacted] Powertrain: [Redacted]
 Cruise Control
Vehicle Component Code: 116000 ELECTRICAL SYSTEM:IGNITION
Multiple Failure: [Redacted]

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 23-JAN-2003
Failure Mileage: [Redacted] Failure Speed: [Redacted]
COMPUTER & FUEL PUMP (2)

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: DOTM4LSABC036): [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:
E.g., parts repaired or replaced (and if old part is available).

IT WAS HARD TO START VEHICLE, AND CONSUMER TRIED SEVERAL TIMES TO DO SO. *AK
VEHICLE WOULD NOT START AT SHOPPING CENTER. HAD TO BE TOWED TO REPAIR SHOP. AFTER
CHECKING EVERYTHING POSSIBLE, MECHANIC CALLED GM FOR ASSISTANCE. WAS
TOLD TO REPLACE FUEL PUMP. DID SO, BUT NEW PUMP FAILED WITHIN MINUTES.
CALLED GM AGAIN, WAS TOLD BAD COMPUTER. HAD TO REPLACE
COMPUTER AND INSTALL A SECOND NEW FUEL PUMP. GM REP
STATED BAD COMPUTER CAUSED FUEL PUMPS TO FAIL & FRY.
(NO PROBLEMS WITH STARTING UNTIL THAT DAY AT SHOPPING CENTER)

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 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.