



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 1375

Date Received

04-MAR-2003 2003 MAR 27

Repository

Reference No.  
10009707

**OWNER INFORMATION (Type or Print)**

Name

Address

City

CASTLE HAYNE

State

NC

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, your name or address in the vehicle manufacturer's records.  
Signature of Owner \_\_\_\_\_ Date 3/17/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1G2NE52T3TC796953 1G2NE52T3VCT98953

Make  
PONTIAC

Model  
GRAND AM

Model Year  
1997

Date Purchased

10-0-02

Dealer's Name and Telephone Number

Lovitt's A.S. 910-763-3434

Engine:

No. Cylinders

4

Fuel Type:

unleaded

Original Owner

No

Dealer's City

Wilmington

State

NC

Zip Code

28401

Transmission Type

Automatic

Antilock Brakes

Cruise Control

Powertrain

Auto

Vehicle Component Code  
141000 AJR BAGS:FRONTAL

Multiple Failure: yes

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

Incident Date(s)

15-MAR-2003  
01-5-03

Failure Mileage

148000

Failure Speed

45

Air Bag

**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: DOTM19AFC036)

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:

Vehicle Component Code:

Part:

**APPLICABLE INCIDENT INFORMATION**

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

Crash

Yes  No

Fire

Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Provide a 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).

VEHICLE COLLIDED HEAD-ON WITH A DEER WHILE DRIVING ABOUT 45 MPH. THE DEER DIED ON IMPACT AND CAUSED EXTENSIVE FRONT END DAMAGE TO THE VEHICLE. THE DRIVER'S SIDE AIR BAG DID NOT DEPLOY. \*NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Pub. Law 93-579) This information is requested pursuant to notice by vehicle 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 statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

He gave me a verbal estimate. Body Shop on highway Rd.

Was traveling 45 when I struck a deer. About \$1500 damage. Air bags did not deploy. Deer was dead on impact weighed about 200 pounds. Try to resolve with Lovitt's but they refuse to fix the damage. Have paid a half off already. Plus the window was disconnected when I bought the car and they knock \$100.00 off the price. Then paid 75.00 plus another 85.00 for the same reason. My key also was jammed when I bought the car home. Washed it and notice a strap under it. Like it had been wrecked or struck. Plus had to buy a new battery. The date I struck the deer was around 01-5-02. Please send number-address to whom to speak with about reimbursement. Thank you again.



ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



**VEHICLE OWNER'S QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
ON

**DASH2DOT**

and dial toll free at

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**1-888-327-4236**

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(DASH) & DOT



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