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 100079

Date Received: 2003 MAY 13 AM 11: 23 / 17-APR-2003

Repository ☐

Reference No. 10016131

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City HURTSBORO | State AL | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address

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 [redacted] Date 5/6/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number	Make	Model	Model Year
1G2NE52T1VM548122	PONTIAC	GRAND AM	1997

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
1-22-03	Don Bailey				
Original Owner ☐	Dealer's City: Phenix City	State: ALA	Zip Code: 36867	2.4 Lt Twin	Unleaded

Transmission Type: Dex 11

☐ Antilock Brakes

☒ Cruise Control

Powertrain

Vehicle Component Code: 063000 ENGINE AND ENGINE COOLING:EXHAUST SYSTEM

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
17-APR-2003	114124 Mil	

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: DOTMAL9ABC036) | ☐ 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 DRIVING A STRONG ODOR OF CHEMICAL FUMES COULD BE SMELLED INSIDE THE PASSENGER COMPARTMENT. *NLM

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

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

I [redacted] still Drive this 97 ponties Grand prc Car so the problem is getting worse to my Head dont feel good at some time while Driving because that smell is getting worse Now, and if I dont open the windows or turn the Air Con on, it almost get sleeping while drive and a bad smell

ATTACH ADDITIONAL SHEETS IF NECESSARY

P.S. And Want to Say I was on the car while driving

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

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM

OR

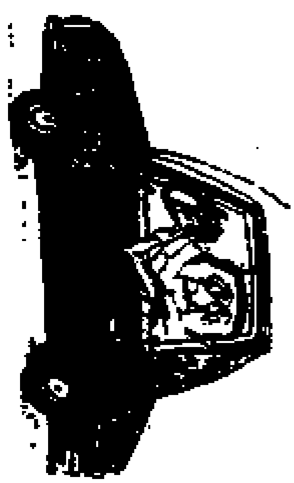
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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