



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) 2003 JUL  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 231

Date Received: 10 JUN 2003  
Repository:   
Reference No.: 10024153

**OWNER INFORMATION (Type or Print)**  
Name: [Redacted]  
Address: [Redacted]  
City: BOMMER SPRINGS State: KS 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?  
In the absence of an [Redacted] provide your name or address to the vehicle manufacturer. YES  NO   
Signature of Owner: [Redacted] Date: 7/6/03

**VEHICLE INFORMATION**

Make: PONTIAC Model: GRAND AM Model Year: 1999  
Date Purchased: 1999 Dealer's Name and Telephone Number: Kincaid Motors INC 913-727-2277  
Original Owner: [Redacted] Dealer's City: Leavenworth State: KS Zip Code: 66048  
Transmission Type: [Redacted] Powertrain: Front wheel  
 Anti-lock Brakes  Cruise Control  
Vehicle Component Code: 060000 ENGINE AND ENGINE COOLING  
Multiple Failure: 1

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

Incident Date(s): 6/20/03 Failure Mileage: 88,000 Failure Speed: 30  
Alternator went out 2 days later  
→ Intake manifold

**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: DOTM15ABC036): [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; i.e., parts repaired or replaced (and if old part is available).

WHILE TRAVELING AND WITHOUT ANY INDICATION COOLANT INDICATOR LIGHT STARTED FLASHING. VEHICLE WAS SERVICED, INTAKE MANIFOLD NEEDED TO BE REPLACED. \*AK

2 days later alternator went out.

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.