



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8383
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.

CORRECT MARK: ●

FOR AGENCY USE ONLY	
Date Received <i>July 14, 2003</i>	City _____
Reference No. <i>10087192</i>	State _____
	Zip _____

OWNER INFORMATION (Type or Print) DAY TIME TELEPHONE NUMBER

NAME: _____

STREET NO. _____ APT. NO. _____

Banner Springs, KS

CITY _____ STATE _____

ENTER ZIP CODE _____

ZIP CODE - 4 _____

AREA CODE _____

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 and address to the vehicle manufacturer.

SIGNATURE OF OWNER: _____ DATE: *6/26/03*

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located in bottom of windshield on driver's side)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
<i>1G2NW52E2XN834417</i>	<i>Pontiac</i>	<i>Grand AM GT</i>		<i>1999</i>

VEHICLE MANUFACTURER

BMW Ford Honda Nissan Subaru Volvo Other _____

Daimler/Chrysler General Motors Hyundai Saab Toyota VW

PURCHASE DATE	DEALER'S NAME	CITY	STATE	ZIP CODE
<i>1999</i>	<i>Kincaid Motors</i>	<i>Leavenworth</i>	<i>KS</i>	<i>66048</i>

ENGINE SIZE (CID/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTI-LOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL
<i>3.8</i>	<input checked="" type="radio"/> Fuel Injection	<input type="radio"/> Diesel <input checked="" type="radio"/> Gas	<input type="radio"/> Manual <input checked="" type="radio"/> Automatic	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Motorbelt <input type="radio"/> 3-Point Belt	<input checked="" type="radio"/> Yes <input type="radio"/> No

DRIVETRAIN	VEHICLE TYPE	DOORS	BODY STYLE
<input checked="" type="radio"/> Front <input type="radio"/> 4-Wheel <input type="radio"/> Rear	<input checked="" type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle	<input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	<input type="radio"/> Hatchback <input type="radio"/> Pick Up Truck <input checked="" type="radio"/> Sedan <input type="radio"/> Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input checked="" type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brakes <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other: <i>Also alternator</i>	NO. OF FAILURES <input type="text"/> (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) <input type="text"/> (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (Include all number and letters).	
	INCIDENT DATE <i>6-18-03</i>	TIRE NAME	COMPLETE TIRE SIZE
	RELEASE AT INCIDENT <i>89,000</i>	TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____	
	VEHICLE SPEED AT INCIDENT <i>60 mph</i>	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement	

HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input checked="" type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input checked="" type="radio"/> No
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APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	CRASH <input type="radio"/> Yes <input type="radio"/> No	NUMBER OF PERSONS INJURED <input type="text"/> (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) <input type="text"/> (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Fluct <input type="radio"/> Nuts <input type="radio"/> Explosion/Fire <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Leaks <input type="radio"/> Loss of Control <input type="radio"/> Cut/Torn <input type="radio"/> Short <input type="radio"/> Poor Visibility <input type="radio"/> Disconnect/Fall Off <input type="radio"/> Locks/Sticks/Obsts <input type="radio"/> Inadvertent Start <input type="radio"/> Emission/Poor Performance <input type="radio"/> Stability/Vibration <input type="radio"/> Follower <input type="radio"/> Excessive Effort <input type="radio"/> Broken <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Follower <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input type="radio"/> No	NUMBER OF FATALITIES <input type="text"/> (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) <input type="text"/> (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)		