



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100145

Date Received  
2003 SEP -2 AM 10:40  
28-JUL-2003

Repository   
Reference No.  
10031249

OWNER INFORMATION (Type or Print)

Name  
Address  
City CLEVELAND State OH Zip Code

Daytime Telephone Number  
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 owner's signature, your name or address to the vehicle manufacturer.  
Signature of Owner Date

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at Bottom of windshield on driver's side  
1G2NW12M1VC770549  
Make PONTIAC Model GRAND AM GAG Model Year 1997  
2 DR  
Date Purchased 12-30-00 Dealer's Name and Telephone Number Bob KRISHWAN PONTIAC  
Engine: No. Cylinders 6 Fuel Type: unleaded  
Original Owner  Dealer's City 36933 Vine ST Willow Grove OH Zip Code 44094  
Transmission Type Automatic  Antilock Brakes Powertrain  Cruise Control  
Vehicle Component Code 020000 SUSPENSION  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 02-JUL-2003 Failure Mileage 147000 113000 Failure Speed HIGH IDLE

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make The Model (Name or Number) The Size (Example P215/65R15)  
DOT No. (Example: DOTMALSABC036)  Original Equipment  Prior Repair Failure Location:  
Tire Component Code The 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(s).)

Crash  Yes  No Fire  Yes  No Number of Persons Injured Number of Deaths 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).

WHEN TURNING STEERING WHEEL IT PRODUCES A LOUD RUBBING NOISE. DEALER NOTIFIED. \*AK  
HIGH IDLE PROBLEMS FROM 12-30-00 TO 8-2-03 NOT FIXED  
SAFETY PROBLEM  
INTERIOR LIGHTS AND POWER LOCKS PROBLEM  
REPLACED EVERYTHING WITH HIGH IDLE PARTS  
BRARING IN STEERING WHEEL RUBBING AIR BAG

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 responses may be used to assist the NHTSA in determining what the Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.

**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**