



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 2003 OCT -1
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

PA 10 51

05-SEP-2003

Repository

Reference No.
10038299

OWNER INFORMATION (Type or Print)

Name

Address

City EFFORT

State PA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize
In the absence of
Signature of Owner

to the manufacturer of your vehicle?
Provide your name or address to the vehicle manufacturer.

YES NO

Date 9/19/03

VEHICLE INFORMATION

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

1G2NW52E3XM902628

Make

PONTIAC

Model

GRAND AM

Model Year

1999

Date Purchased

6/99

Dealer's Name and Telephone Number

Star Auto Center 610-258-3800

Engine:

No: Cylinders 6

Fuel Type:

unlead Reg

Original Owner

1

Dealer's City

Easton

State

PA

Zip Code

18043

Transmission Type

Auto

Antilock Brakes

Cruise Control

Powertrain

Front-wheel

Vehicle Component Code

126100 EXTERIOR LIGHTING-TURN SIGNAL-FLASHER UNIT

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

31-AUG-2003

Failure Mileage

138,000

Failure Speed

N/A

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: DOTRALSABC036)

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), condition, and injury(ies).)

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).

TURN SIGNAL FAILED INTERMITTENTLY; THERE HAD BEEN A RECALL ISSUED FOR THIS DEFECT; HOWEVER THIS VEHICLE WAS NOT INCLUDED.

*AK

Turn signal failure seems to occur when it is very hot/humid or damp weather-wise.

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.