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 335

Date Received	Repository
05-SEP-2003	Reference # 19
2003 OCT 12 PM	10038327

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City CINCINNATI / State OH / Zip Code [redacted]		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an[redacted]r name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 9/19/2003

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)	Make	Model	Model Year
1G2NE52M6VC867157	PONTIAC	GRAND AM	1997

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
4-26-2001	Walker Pontiac 513-7725565	V-6	Unleaded
Original Owner ☐	Dealer's City Cincinnati / State Ohio / Zip Code 45246		

Transmission Type			Vehicle Component Code
Automatic	☐ Antilock Brakes ☐ Cruise Control	Powertrain	133000 VISIBILITY:POWER WINDOW DEVICES AND CONTROLS
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
	31982		

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: DOTMALSABC036)	☐ 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).

FRONT PASSENGER'S AND DRIVER'S SIDE AUTOMATIC WINDOWS OPENED AND CLOSED VERY SLOWLY. REAR PASSENGER AND DRIVER WINDOWS DID NOT OPEN AT ALL. MOTOR FAILED. CONSUMER BELIEVED THAT FRONT WINDOW MOTOR FAILED. *AK

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