



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 100146

Date Received: 2003 DEC -2 AM 11:38
31-OCT-2003
Repository
Reference No. 10046137

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: MIDDLEBURY CENTER State: PA 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 a signature or address to this vehicle manufacturer. YES NO
Signature of Owner: [Redacted] Date: 11/14/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G2NE55D5SC841933
Make: PONTIAC Model: GRAND AM Model Year: 1995
Date Purchased: 9/03 Dealer's Name and Telephone Number: Chip's Auto Sales 724-6335
Original Owner: Dealer's City: Wellsboro, PA State: PA Zip Code: 16901 Engine: 4 Cylinders Fuel Type: Gas
Transmission Type: auto. Antilock Brakes Powertrain: Vehicle Component Code: 110000 ELECTRICAL SYSTEM
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-SEP-2003 Failure Mileage: 78000 Failure Speed: headlight, dimmer switch multifunction switch

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/85R16): [Redacted]
DOT No. (Example: DOTM1ALBABC036): [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: 0 Number of Deaths: 0 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).

THE COMBINATION SWITCH FOR THE HEAD LIGHTS/TURN SIGNAL, AND CRUISE CONTROL FAILED. AS A RESULT, WHILE DRIVING THE HEAD LIGHTS SHUT OFF WITHOUT WARNING. *AK

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Headlights repeatedly go out when driving.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216.
400 7th Street, SW
Washington, DC 20590



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<http://www.safercar.gov>

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and dial toll free at:

DASH2DOT

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE

**VEHICLE
OWNER'S**