



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

2004 FEB 24

FOR AGENCY USE ONLY 100161

Date Received
AM 9:57
20-JAN-2004

Repository
Reference No.
10065421

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City CHICOPEE State MA Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address
Evening Telephone Number

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 or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G2ME52TOX [Redacted] Make PONTIAC Model GRAND AM Model Year 1999
Date Purchased 11-01 Dealer's Name and Telephone Number Curry's Auto Memorial Dr Engine: No. Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City Chicopee State MA Zip Code 01020
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain
Vehicle Component Code 015000 STEERING: HYDRAULIC POWER ASSIST SYSTEM
Multiple Failure: 1 yes

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-JUN-2003 Failure Mileage Failure Speed

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 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 LEFT VEHICLE INTERMITTENTLY LOSES POWER STEERING. DEALER CANNOT DUPLICATE OR DETERMINE THE CAUSE OF THE PROBLEM. DEALER RECOMMENDS REPLACING THE POWER ASSIST SYSTEM. *AK

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