



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  
(1-888-327-4238)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1387

Date Received  
2004 APR 20 AM 10:00  
10-MAR-2004

Repository   
Reference No.  
10062812

OWNER INFORMATION (Type or Print)

Name [Redacted]  
Address [Redacted]  
City GARDALE 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 an [Redacted] signature or address to the vehicle manufacturer.  YES  NO  
Signature of Owner [Redacted] Date 3/28/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1G2NW42TAVC847212  
Make PONTIAC Model GRAND AM Model Year 1997  
Date Purchased 10-SEP-03 Dealer's Name and Telephone Number West Hills Nissan (412) 262-9020  
Original Owner  Dealer's City Moon Twp Carnegie PA Zip Code 15108 Engine No: Cylinders 4 Fuel Type: Unleaded  
Transmission Type Auto  Antilock Brakes  Cruise Control Powertrain [Redacted]  
Vehicle Component Code 181000 VEHICLE SPEED CONTROL: ACCELERATOR PEDAL  
Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 05-FEB-2004 Failure Mileage 56000 Failure Speed [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/B5R15)  
DOT No. (Example: DOTM1ABC038)  Original Equipment  Prior Repair Failure Location:  
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 [Redacted] Number of Deaths [Redacted] 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).

ON 3 SEPARATE OCCASIONS WHEN CONSUMER DEPRESSED THE GAS PEDAL IT GOT STUCK. WHEN THIS OCCURRED VEHICLE REVED, CONSUMER THEN PUT VEHICLE IN NEUTRAL, AND RPMS WENT UP TO 6. THEN PUT VEHICLE BACK IN DRIVE AND PEDAL ~~REMOVED~~. "AK WAS still stuck."

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 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.