



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

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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SAINT CLOUD State FL 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? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 6/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G2NE56M6S [REDACTED] Make PONTIAC Model GRAND AM Model Year 1995
Date Purchased 19-AUG-95 Dealer's Name and Telephone Number Mc Namara Pontiac Engine: No: Cylinders SIX Fuel Type: Gasoline
Original Owner Dealer's City Orlando State FL Zip Code 32804
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT wheel drive
Vehicle Component Code 063200 ENGINE AND ENGINE COOLING-EXHAUST SYSTEM-MANIFOLD
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01 Dec 2004 Failure Mileage 115,000 Failure Speed ALL

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: DOTM15ABC036) 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 A

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).

INTAKE MANIFOLD GASKETS DETERIORATED, CAUSING EXHAUST FUMES TO ENTER INTO THE CAB. *AK
Fuel air mixture

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)

The engine GM 3.1 L V6 Lower intake manifold gaskets allow oil and antifreeze to leak out of the engine (to the atmosphere) and to be sucked into the intake manifold to be consumed by this engine. In addition to that, at certain points of acceleration and deceleration the fuel air mixture is expelled into the engine compartment and on my car into the passenger compartment. The odor became so strong that I feared an explosion or fire.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

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

Official Business Penalty for Private Use \$300



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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



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OK

DASH2DOT

and dial toll free at

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(DASH) 2 DOT



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