



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 100184

Date Received: 25-MAR-2004  
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**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: JOLIET State: IL Zip Code: [Redacted]

Home Telephone Number: [Redacted] E-mail Address: [Redacted]  
Business 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: 1/1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
PLEASE PROVIDE: 1F2NF52E91C190654  
Make: PONTIAC Model: GRAND AM Model Year: 2001  
Date Purchased: 9/01 Dealer's Name and Telephone Number: FRANK FORT AUTO HOUSE  
Engine: No: Cylinders: Fuel Type:  
Original Owner:  Dealer's City: FRANKFORD State: IL Zip Code:  
Transmission Type:  Automatic Brakes:  Powertrain: Vehicle Component Code: 126200 EXTERIOR LIGHTING:TURN SIGNAL:SWITCH  
 Cruise Control Multiple Failure: 2

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 16-SEP-2003 Failure Mileage: 33000 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: DOTM19A8C036)  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), condition, 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).

WHILE DRIVING AT ANY SPEED, INTERMITTENTLY WHEN THE SIGNAL LIGHT IS USED, WHEN DISCONTINUED WILL CONTINUE TO OPERATE. THE SIGNAL LIGHT IS NOT ACTUALLY WORKING BUT THE CLICKING SOUND CONTINUES WELL AFTER THE SIGNAL IS CANCELED. \*NM

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 a 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.