



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 43

Date Received: 05-APR-2004

Repository

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Reference No.
10065490

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: HACOBS State: MI Zip Code: 48042

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

Evening Telephone Number: [Redacted]

Do you authorize NHTSA to contact the manufacturer of your vehicle for name or address to the vehicle manufacturer? YES NO
Signature of Owner: [Redacted] Date: 5/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G2NW12E2 [Redacted]
Make: PONTIAC Model: GRAND AM Model Year: 1999

Date Purchased: Dec 17, Dealer's Name and Telephone Number: Noonan Pontiac 586-739-9100
Engine: No. of Cylinders: 6 Fuel Type: Gas

Original Owner: Dealer's City: Sterling Heights State: MI Zip Code: 48314

Transmission Type: 4 speed Auto
 Antilock Brakes
 Cruise Control
Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 02121U SUSPENSION: FRONT:SPRINGS:COIL SPRINGS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 05-APR-2004 Failure Mileage: 64000 Failure Speed: 45

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTMALSABC036): [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: [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 (e.g., parts repaired or replaced (and if old part is available)).

DRIVING ON MORNING COMMUTE, DRIVER SIDE FRONT COIL SPRING BROKE WHICH CAUSED A LOUD NOISE AT 45-50 MPH, DRIVING. *JB
Driving unimpaired, I heard rubbing noises after several turns, and after the 17 mile drive I examined the area around the tire to find the broken spring resting on the tire.

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.