



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: 20-APR-2004
Repository:
Reference No.: 10067454

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: POWDER SPRINGS State: GA Zip Code: [Redacted]

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

Do you authorize NHTSA, in the absence of an authorized signature of the manufacturer of your vehicle, to contact you or address to the manufacturer or dealer?
Signature of Owner: [Redacted] Date: 5/15/2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G2NF52E61M623889
Make: PONTIAC Model: GRAND AM Model Year: 2001
Date Purchased: [Redacted] Dealer's Name and Telephone Number: [Redacted] Engine: [Redacted] Fuel Type: [Redacted]
Original Owner: Dealer's City: [Redacted] State: [Redacted] Zip Code: [Redacted]
Transmission Type: [Redacted] Antilock Brakes Cruise Control Powertrain: [Redacted] Vehicle Component Code: 113100 ELECTRICAL SYSTEM:STARTER ASSEMBLY:SOLENOID
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 03-MAR-2002 Failure Mileage: 44559 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 P215/65R15): [Redacted]
DOT No. (Example: DOTM19ABC036): [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, 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).

A SOLENOID IS LOCATED BEHIND THE STEERING COLUMN. WHEN THE SOLENOID CHIP GOES BAD THE ENTIRE VEHICLE LOCKS UP. THIS FAILURE OCCURRED UPON RESTARTING THE VEHICLE AFTER IT HAS BEEN DRIVEN AND PARKED. THE PARTS THAT THE DEALERSHIP REPLACED ARE 12458181 AND 870487. DEALERSHIP INDICATED THAT THIS IS A COMMON FAILURE WITH THESE VEHICLES. *AK
TWO TIMES WITHIN 20,000 MILES

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