



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 252

Date Received: 21-APR-2004 11:28
Repository:
Reference No.: 10068632

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: EVERETT State: MA 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 authorized agent, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 5/11/2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G2NE15D4S [Redacted] Make: PONTIAC Model: GRAND AM Model Year: 1995

Date Purchased: 3/17/2002 Dealer's Name and Telephone Number: Freedom Auto, Plaistow, NH Engine: No: Cylinders: 4
Original Owner: Dealer's City: Plaistow State: NH Zip Code: [Redacted]

Transmission Type: Automatic Brakes: Powertrain: [Redacted] Vehicle Component Code: 118100 ELECTRICAL SYSTEM:IGNITION:SWITCH
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 21-APR-2004 Failure Mileage: approx 75,000 Failure Speed: 0

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: DOTM123456789): [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: 0 Number of Deaths: 0 Reported to Police: No

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).

VEHICLE WAS PARKED AND CONSUMER PLACED THE KEY INSIDE THE IGNITION, AND VEHICLE WOULD NOT START. A BURNING SMELL WAS COMING FROM THE VEHICLE. CONSUMER LIFTED UP THE HOOD, AND SMOKE WAS COMING FROM THE STARTER. CONSUMER WAS ABLE TO EXTINGUISH THE FIRE. CONSUMER HAD THE VEHICLE TOWED TO THE DEALER FOR INSPECTION, AND MECHANIC DETERMINED THAT THE IGNITION SWITCH NEEDED TO BE REPLACED DUE TO FAILURE. *AK

517.84 Repair
51.00 Tow
\$ 568.84 Total

Fire required replacement of starter also. See attached invoice

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.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**