



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 100147

Date Received: 2004 JUN 27
19-MAY-2004
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OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: PITTSBURGH State: PA 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 answer or address to the vehicle manufacturer, Signature of Owner: [Redacted] Date: 5/27/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G2NE52T0K [Redacted]
Make: PONTIAC Model: GRAND AM Model Year: 1999
Date Purchased: 5-20-03 Dealer's Name and Telephone Number: Colosimo Auto Sales
Original Owner: Dealer's City: PA State: PA Zip Code: [Redacted]
Engine: No. Cylinders: 4 Fuel Type: [Redacted]
Transmission Type: Auto
 Antilock Brakes Powertrain
 Cruise Control
Vehicle Component Code: 128000 EXTERIOR LIGHTING/TURN SIGNAL
Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 12-MAR-2004 Failure Mileage: [Redacted] 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: DOTM149ABC036): [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:
i.e. parts repaired or replaced (and if old part is available).

WHEN USING THE TURN SIGNALS CONSUMER NOTICED THAT TURN SIGNALS WORKED INTERMITTENTLY. ALSO, THE HAZARD LIGHTS WOULD DO THE SAME THING. *AK

Constant Clicking Wheter Signals are in use or not, CONCERN - fire - Short Circuit

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