



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: 26-MAY-2004
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204 JH 766 P11 8:05

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: FORT MCCOY State: FL 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 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: 1HANW12E3XM [Redacted]
Make: PONTIAC Model: GRAND AM Model Year: 1999
Date Purchased: 3-18-04 Dealer's Name and Telephone Number: ST JOHN'S (306) 328 1511
Original Owner: Dealer's City: POKOKA FL State: FL Zip Code: 32177
Engine: No. Cylinders: 6 Fuel Type: 99S
Transmission Type: Automatic Antilock Brakes Powertrain: [Redacted] Vehicle Component Code: 036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK
 Cruise Control Multiple Failure: 17

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 15-APR-2003 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: DOTM15ABC036): [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 THE BRAKES WERE APPLIED AT A LOW SPEED, THE CONSUMER HEARD A KNOCKING NOISE COMING FROM THE VEHICLE. THE CONSUMER HAD TAKEN THE VEHICLE TO THE DEALERSHIP ON FOUR OCCASIONS, HOWEVER, THE PROBLEM CONTINUED. PLEASE PROVIDE ANY FURTHER DETAILS. 'JB
95 of June 16 2004 Still have same noise in brakes when applied + when you drive slow. I have 42208 miles on it now. every time I take it into the service they send me about a Gmpp service contract I did purchase one for 1790.00 so what is there problem about fixing the repairs I need on the 99 Pontiac I purchased from them

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-598) 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.