



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 1368

Date Received

2004 JUL 20 4 09 PM

Repository

Reference No.
10076233

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SUTHERLIN State OR Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number

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 7/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G2NW52E60M [REDACTED]
Make PONTIAC Model GRAND AM Model Year 1999
Date Purchased _____ Dealer's Name and Telephone Number _____ Engine: _____ Fuel Type: _____
Original Owner Dealer's City _____ State _____ Zip Code _____
Transmission Type Antilock Brakes Powertrain _____ Vehicle Component Code 127000 EXTERIOR LIGHTING:HAZARD FLASHING WARNING LIGHTS
 Cruise Control Multiple failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 20-APR-2004 Failure Mileage 64000 Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/65R15) _____
DOT No. (Example: DOTM13ABC036) Original Equipment Prior Repair Failure Location: _____
The Component Code _____ The Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

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 _____ Number of Deaths _____ 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).

THE CONSUMER STATED THAT THEIR "HAZARD WARNING LIGHTS" WAS WORKING INTERMITTENTLY. THE DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. THE CAUSE WAS NOT DETERMINED. PLEASE PROVIDE MORE INFORMATION. *LA
I actually complained about my blinkers not working. All the time when my car had 28,000 miles on it. At the time I didn't know that the hazard lights and blinkers were connected. I feel that when either one is not working it becomes a safety issue and should have a recall on it. I'm having it fixed and will retain all receipts for the future.

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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.