



Office of Defects Investigation

VOQ Confirmation

Your Complaint Information is successfully submitted.

Your Confirmation number (ODI Number) is: ~~XXXXXXXXXX~~

10079333

Your Complaint Information

Consumer Information

**Name :** [REDACTED]  
**Org. Name :**  
**Address :** [REDACTED]  
**City, State, Zip :** Lewiston, NY [REDACTED]  
 USA  
**Daytime Phone :** [REDACTED] **Ext :**  
**Evening Phone :** [REDACTED] **Fax :**  
**Email :** [REDACTED]

2004 JUN 14 10:48:27

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Complaint Information

**Description :** Noticed strange noise in front of car. Pulled over and found the left front coil spring broken. This is a REPEAT FAILURE! Last year the right side broke and tore up the tire.  
**Incident Date :** 5/27/2004 **Fire :** No  
**Num. Failures :** 1 **Property Damage :** No  
**Num. Deaths :** **Crash :** No  
**Num. Injured :** **Police Report :** No  
**Referral Source :** INTERNET

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Vehicle Information

**VIN :** 1G2NW12E0X [REDACTED] **Purchase Date :** 6/3/2002

<b>Year, Make and Model :</b>	1999/PONTIAC/GRAND AM	<b>Original Owner :</b>	No
<b># of Cylinders :</b>	6	<b>Trans. Type :</b>	AUTOMATIC
<b>Engine Size :</b>	3.4L	<b>VehicleDetails Usage :</b>	UNKNOWN
<b>Cruise Control :</b>	Yes	<b>Antilock Brakes :</b>	Yes
<b>Current Mileage :</b>	60,466	<b>Speed :</b>	0
<b>Failure Mileage :</b>	60,461	<b>Powertrain :</b>	FRONT WHEEL DRIVE
<b>Body Style :</b>	2-DOOR	<b>Fuel System :</b>	FUEL INJECTION
<b>Fuel Type :</b>	GAS		

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**Vehicle Component Information**

<b>Component 1:</b>	SUSPENSION:FRONT:SPRINGS:COIL SPRINGS	<b>OEM:</b>	Yes
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**Vehicle Dealer Information**

<b># Dealer :</b>	1		
<b>Name :</b>	Mike Smith Buick Pontiac	<b>Dealer Type :</b>	SALES DEALER
<b>Address :</b>	6014 South Transit Rd. Lockport NY 14094		
<b>Dealer Phone:</b>	7166258235	<b>Dealer Fax:</b>	
<b>Email:</b>			

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