



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

Repository

2004 APR 20 2004 8:01

Reference No.
10083307

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City DETROIT State MI 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 signature, your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 8/19/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)
1G2NW52EXYM [REDACTED] Make PONTIAC Model GRAND AM Model Year 2000
Date Purchased 02/00 Dealer's Name and Telephone Number (313) 846-9920 Dearborn Nissan Pontiac
Original Owner [X] Dealer's City DEARBORN State MI Zip Code 48127 Engine: No. Cylinders 6 Fuel Type: SPECIAL
Transmission Type AUTO [X] Antilock Brakes [X] Cruise Control Powertrain Vehicle Component Code 126000 EXTERIOR LIGHTING: TURN SIGNAL
Multiple Failure: 2 EVERY DAY

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 12-MAY-2004 Failure Mileage 60000 53,600 Failure Speed

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: DOTM18A8C036) 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(es).)

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).

WHILE DRIVING, THE TURN SIGNAL LIGHTS FAILED TO WORK. PLEASE PROVIDE MORE INFORMATION. *JB
After driving about 10 mins turn signals become inoperable. I have to use hand signals for turns. If signals are not repaired can cause an accident/crash. The failure began sporadically last year and has gotten progressively worse.

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.