



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 100079

Date Received

Repository

21-JUL-2004 2004 AUG 09 AM 3:07  
10083354

**OWNER INFORMATION (Type or Print)**

Name

Address

City READING

State MA

Zip Code

Daytime Telephone Number

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 7/29/04

**VEHICLE INFORMATION**

1G2NE5D8SM \_\_\_\_\_ Make PONTIAC Model GRAND AM Model Year 1995

Date Purchased 7/3/95

Dealer's Name and Telephone Number 781 599 6106

Engine:

Fuel Type: Gas

Original Owner

Dealer's City Lynn

State MA

Zip Code 01905-3026

Cylinders 4

Transmission Type AUTOMATIC

Antilock Brakes

Powertrain

Vehicle Component Code

021530 SUSPENSION:FRONT:CONTROL ARM:LOWER ARM

Cruise Control

FRONT WHEEL DRIVE

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 7 JUL 2004

Failure Mileage 89,548

Failure Speed 5

CONTROL ARM 10848 133

**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: DOTM19ABC036)

Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

Tire 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 0

Number of Deaths 0

Reported to Police Y

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 AT 5 MPH AND WITHOUT WARNING THE PASSENGER SIDE FRONT LOWER CONTROL ARM SEPARATED FROM THE VEHICLE, AS A RESULT THE FRONT WHEEL COLLAPSED. THE VEHICLE WAS TOWED TO AN INDEPENDENT SHOP. THE MECHANIC INDICATED TO THE CONSUMER THAT THE PROBLEM WAS DUE TO CORROSION. PLEASE PROVIDE FURTHERER INFORMATION. \*JB

The rear frame bolt on the lower control arm broke first, putting all the weight on the front frame bolt of the lower control arm, causing it to collapse.

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Name of Dealer is now  
Charles Maher's  
Commonwealth Motors

Lawrence, MA.

Tel. 978 687 3006

Fax 978 973 3546

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 78173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE  
OWNER'S**

**QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM

OR

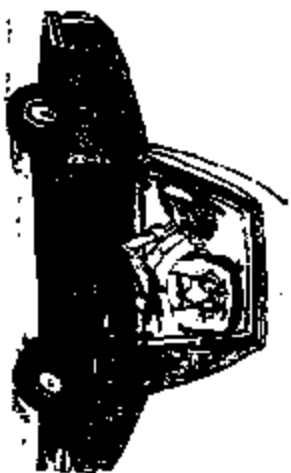
**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

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(DASH) & DOT



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<http://www.nhtsa.gov>

**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**