



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-2828
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received: 11-AUG-2004
Repository:
Reference No.: 10087661

OWNER INFORMATION (Type or Print)
Name: _____
Address: _____
City: MCDONOUGH State: GA Zip Code: 30252

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 address to the vehicle manufacturer.
Signature of Owner: _____ Date: 8/24/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G2NW62E4Y
Make: PONTIAC Model: GRAND AM Model Year: 2000

Date Purchased: 12-2000 Dealer's Name and Telephone Number: LOU SOBH
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Engine: No. Cylinders: 6 Fuel Type: Gas

Transmission Type: AUTOMATIC Antilock Brakes: Powertrain: FRONT WHEEL DRIVE
 Cruise Control
Vehicle Component Code: 126000 EXTERIOR LIGHTING:TURN SIGNAL
Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 11-AUG-2004 Failure Mileage: 64390 Failure Speed: _____
Failure Description: HAZARD FLASHER SWITCH

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: DOTM189ABC038) 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: _____ 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).

CONSUMER'S VEHICLE HAD THE SAME PROBLEM AS MENTIONED IN NHTSA RECALL 03V32700. THE HAZARD WARNING SWITCHES THAT MAY EXPERIENCE SOLDER JOINT CRACKING CAUSED BY RAPID TEMPERATURE TRANSITIONS AND THE SOLDERING PROCESS. IF SOLDER JOINT CRACKING OCCURS AND RESULTS IN AN OPEN CIRCUIT, THE TURN SIGNALS/HAZARD LAMPS BECOME INTERMITTENT OR INOPERATIVE. DEALERSHIP INDICATED TO THE CONSUMER THIS VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO VIN.*AK

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.

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

The TURN SIGNAL WOULD WORK SOME TIMES AND
SOME TIMES THEY WOULD NOT WORK. THEN SOMETIMES
they would be WORKING AND they would quit in
the middle of the operation causing some one to
almost hit me in the REAR of the CAR.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 73173 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
ON

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT
1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



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National Highway Traffic Safety
Administration
My-drive.illustration.gov/hotline

**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).**