



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

(1-888-327-4238)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Received

Depository

11: 53

26-AUG-2004

Reference No.

1D088803

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City HENDERSON State TX 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 _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield		Make PONTIAC	Model GRAND AM	Model Year 1999
Date Purchased 24-MAY-02	Dealer's Name and Telephone Number		Engine No: Cylinders 6	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 180000 STRUCTURE	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-FEB-2004	Failure Mileage 65000	Failure Speed	
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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: DOTM19ABC096)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 injuries.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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).

DASHBOARD PADDING WAS PEELING OFF NEAR THE PASSENGER AIR BAG. CONSUMER BELIEVED THIS CONDITION MAY CAUSE THE AIR BAG TO DEPLOY INADVERTENTLY WHILE DRIVING. DEALER WAS NOTIFIED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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