



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 1220

Date Received

DEC -8 PM 5:21
29-SEP-2004

Repository ☐

Reference No.
10094697

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SARASOTA State FL Zip Code [REDACTED]

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 1/1

VEHICLE INFORMATION

T1 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G2NF12E7YK [REDACTED] Make PONTIAC Model GRAND AM Model Year 2000
Date Purchased 05/18/2000 Dealer's Name and Telephone Number Darby South (941) 488-3667 Engine: No: Cylinders V6 Fuel Type: R
Original Owner ☒ Dealer's City Venice State FL Zip Code 33485
Transmission Type ☒ Antilock Brakes Powertrain Vehicle Component Code 116000 ELECTRICAL SYSTEM:IGNITION
☒ Cruise Control Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-MAY-2004 Failure Mileage 68,000- Failure Speed 80

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 _____ 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).

WHILE DRIVING 60-80 MPH VEHICLE SHUT DOWN. TOOK VEHICLE TO DEALER 4 TIMES, BUT PROBLEM RECURRENT. *AK

Its A lemon of A Car!

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-578) 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.