



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 120

Date Received

2004 10/05 -3 PM 2:11
06-OCT-2004

Repository

Reference No.
10085147

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: YOUNGSTOWN State: OH 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 a signature, NHTSA will use your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 10/05/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G2NE52T6X [REDACTED]
Make: PONTIAC Model: GRAND AM Model Year: 1999
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: [REDACTED] Fuel Type: [REDACTED]
Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Transmission Type: Antilock Brakes Cruise Control Powertrain: [REDACTED] Vehicle Component Code: 138200 VISIBILITY:DEFROSTER/DEFOGGER SYSTEM:REAR WINDO
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 06-OCT-2004 Failure Mileage: [REDACTED] Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R16): [REDACTED]
DOT No. (Example: DOTM1A8ABC038): [REDACTED] 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(es).
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 STATED THAT VEHICLE WAS PARKED AND SHE WENT OUT AT ABOUT 6:30 AM TO WARM THE VEHICLE. SHE WARMED IT UP FOR ABOUT 15 MINUTES, THEN GOT INTO THE VEHICLE. SHE PUSHED THE BUTTON TO THE REAR DEFROSTER, AND IMMEDIATELY THE BACK WINDOW SHATTERED. CONSUMER CALLED THE INSURANCE COMPANY AND HAD THE REAR WINDOW REPLACED. SHE HAD TO PAY FOR THE WINDOW. CONSUMER IS AFRAID TO TRANSPORT HER CHILDREN IN THE REAR SEATS FOR FEAR THAT THIS MAY HAPPEN AGAIN. *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.