



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 100222

Date Received **2005 JAN**
10-DEC-2004

Repository
Reference No **30**
10103489

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City **LEES SUMMIT** State **MO** 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 **12/21/2004**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side **1G2WRS21BXF** Make **PONTIAC** Model **GRAND PRIX** Model Year **1999**
Date Purchased **5-25-2004** Dealer's Name and Telephone Number **MARCO FINEARTS INC** Engine: **3800SC** Fuel Type **GAS**
Original Owner Dealer's City **KANSAS CITY** State **MO** Zip Code **64114** No. Cylinders **V6**
Transmission Type **AUTOMATIC** Antilock Brakes Cruise Control Powertrain **FRONT WHEEL DRIVE** Vehicle Component Code **014000 STEERING: RACK AND PINION**
Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **09-DEC-2004** Failure Mileage **59000** Failure Speed **2-7mph**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example: P215/66R16) _____
DOT No. (Example: DOTM1ALBABC038) 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).

STEERING WHEEL LOCKED ONLY WHEN MAKING A LEFT TURN. DEALER STATED THE RACK AND PINION STEERING WAS DEFECTIVE. *AK

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

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 responses 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 responses, 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)

POWER STEERING WAS PERFECT, VEHICLE ONLY
HAS 55,000 MILES, TURNING INTO A PARKING
SPACE AT ABOUT 2 MPH STEERING SUDDENLY LOCKED
AND ANOTHER CAR WAS NEARLY HIT. IF THIS HAD HAPPENED
AT A HIGHER SPEED THIS COULD HAVE BEEN A DISASTER.

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

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

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

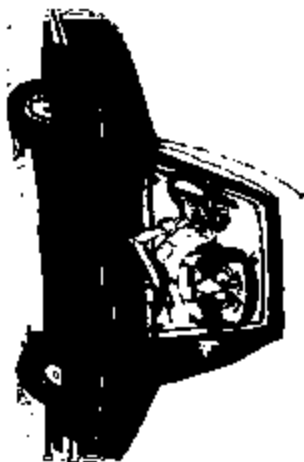
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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Administration
www.nhtsa.dot.gov/hotline

DEC 10 2004

SUMMIT SOUTH AUTO REPAIR, INC.

916 S.E. 7th Terr.
Lee's Summit, MO 64063
(816) 525-4922



CUSTOMER _____
 ADDRESS _____
 CONTACT PH _____
 VEHICLE LICENSE/TAG _____
 ODOMETER _____

ESTIMATE	PART ID	PART DESCRIPTION	QTY	PRICE EACH	PARTS AMOUNT	LABOR AMOUNT
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Rack was replaced to correct binding on left turns. Was ok turning right. Suspect pinion bearing failing.

CK # 1097
 12/15/04 [Signature]

DISCLAIMER OF WARRANTIES

The seller, hereby expressly disclaims all warranties, other expressed or implied including any implied warranty of merchantability or fitness for a particular purpose and neither seller nor authorized any other person to assume for it any liability in connection with the sale of said products.

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR ARTICLES LEFT IN CAR IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.

I hereby authorize the above repair work to be done along with the necessary materials, and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged in above car or truck to secure the payment of repairs herein.

X: _____
 SUPPLY CHARGE INCLUDES REARWOODS WASTE DISPOSAL TO _____

PARTS TOTAL _____
 LABOR TOTAL _____
 SUBTOTAL _____
 SALES TAX _____
 TOTAL _____

Your Business is Always Appreciated