



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 100148

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OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Address [REDACTED] Evening Telephone Number [REDACTED]
City BUFORD State GA Zip Code [REDACTED]

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 on driver's side: 1G2NF52E01M [REDACTED]
Make: PONTIAC Model: GRAND AM Model Year: 2001
Date Purchased: 23 MAY-01 Dealer's Name and Telephone Number: COLONIAL PONTIAC 770-962-1200 Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner: Dealer's City: LAWRENCEVILLE State: GA Zip Code: _____
Transmission Type: AUTOMATIC Antilock Brakes: Cruise Control: Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 127200 EXTERIOR LIGHTING:HAZARD FLASHING WARNING LIGHTS:
Multiple Failure: 10

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-NOV-2005 Failure Mileage: 29000 Failure Speed: _____

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: DOTM9ABC036): _____ 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).

DT: THE CONTACT STATES THERE IS A NHTSA RECALL CAMPAIGN 03V327000 CONCERNING THE EXTERIOR LIGHTING:HAZARD WARNING SWITCH. THIS VEHICLE HAS THE SAME PROBLEMS AS INDICATED IN THE RECALL, BUT IT IS NOT INCLUDED IN THE RECALL DUE TO VIN. *AK
Replaced turn/hazard switch on 12/10/2005. GM Part# 22624799 had service bulletins on file and was replaced by GM Part # 10359039.
Component removed from vehicle has the following markings: 22624799 0611 E

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.