



# Vehicle Owner's Questionnaire

## TO REPORT VEHICLE SAFETY DEFECTS

888-327-4236  
www.safercar.gov

FOR AGENCY USE ONLY	
Date Reported <b>1-4-06</b>	Repository <input type="checkbox"/>
Reference No. <b>10149543</b>	

OWNER INFORMATION (Type or Print)			
Name [REDACTED]	Daytime Telephone Number _____		E-mail _____
Street No. [REDACTED]	Evening Telephone Number _____		
City <b>WASHINGTON</b>	State <b>PA</b>	Zip Code [REDACTED]	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of authorization, NHTSA will not send a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on your vehicle. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Signature of Owner [REDACTED]			Date <b>12 120 05</b>

VEHICLE INFORMATION					
17 digit Vehicle Identification number located at bottom of windshield on driver's side <b>1G2NE11[REDACTED]</b>			Make <b>PONTIAC</b>	Model <b>GRAND AM</b>	Year <b>95</b>
Date Purchased <b>9/04</b>			Dealer's Name and Telephone Number <b>JDM PAGE</b>		Current Mileage <b>143493</b>
<input type="checkbox"/> Original Owner	Dealer's City <b>NILES</b>		State <b>OH</b>	Zip Code <b>44446</b>	Engine: No. Cylinders _____
Transmission Type <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain <input type="checkbox"/> All-Wheel Drive <input type="checkbox"/> Front-Wheel Drive		<input checked="" type="checkbox"/> Rear-Wheel Drive <input type="checkbox"/> Four-Wheel Drive	

FAILED COMPONENT(S)/PART(S) INFORMATION				
Component Name <b>BRAKES</b>	Incident Date(s) <b>AFTER WHAT LETTER TO OPA AIRBORNE</b>	Failure Mileage <b>30-50mi</b>	Failure Speed <b>30-50mi</b>	Failure Location <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Front <input type="checkbox"/> Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make/Brand	Tire Model/Line	Tire Name	Tire Size (Example: P215/85R1105)
Failed Structure <input type="checkbox"/> Tread <input type="checkbox"/> Sidewall <input type="checkbox"/> Bead		DOT No. (Example: DOT MAL5ABC036 on sidewall)	
Failure Type: <input type="checkbox"/> Blowout <input type="checkbox"/> Blister <input type="checkbox"/> Crack <input type="checkbox"/> Torn <input type="checkbox"/> Tread Separation <input type="checkbox"/> Road Hazard <input type="checkbox"/> Out of Round			

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE			
Make	Date Manufactured	Model Number and Name	
Seat Type <input type="checkbox"/> Infant <input type="checkbox"/> Booster <input type="checkbox"/> Integrated <input type="checkbox"/> Convertible <input type="checkbox"/> Other	Installed in Vehicle using the: <input type="checkbox"/> Vehicle safety belt <input type="checkbox"/> LATCH system* *Vehicle info required		
Failed Part. Describe Failure Below <input type="checkbox"/> Base <input type="checkbox"/> Harness/Buckle <input type="checkbox"/> LATCH Connector <input type="checkbox"/> Shell <input type="checkbox"/> Handle <input type="checkbox"/> Other			

APPLICABLE INCIDENT INFORMATION				
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es).)				
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Deaths _____	Police Report No. _____

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(es).  
**I BOUGHT CAR WAS GIVEN THIS CAR USED BY MOTHER  
 HER NAME IS ROBERTA HOUSTON, I AM NOT AWARE OF RECALL  
 DON DO I EXPECT IT WOULD NOT BE MY CAR THIS BEEN  
 STOLEN AT LEAST TWICE AND BROUGHT BACK. I**

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.

Mail postage free or fax to 202-368-7882

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

BELIEVE IT'S CALLED JOYRIDES!

I AM CONCERNED ABOUT SAFETY AND DO NOT WANT THE POLICE. I HAVE PA LICENSE AND PA PLATES BECAUSE I LIVE IN PA!

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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-210 400 7th Street, SW Washington, DC 20590



Think your vehicle has a safety defect?



Use the enclosed form to file a report.

www.safercar.gov

or call Vehicle Safety Hotline 800-327-4238



Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration

