



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

Date Received
AM 9:40
07-DEC-2006

Repository
Reference No.
10175457

OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Address [REDACTED]
City MOUNT MORRIS State IL Zip Code [REDACTED] Evening Telephone Number [REDACTED]

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, this report is the property of the vehicle manufacturer.
Signature of Owner [REDACTED] Date 12/9/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G2NW52M6 [REDACTED] Make PONTIAC Model GRAND AM Model Year 1998
Date Purchased 01-MAY-98 Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders Fuel Type: Gas
Original Owner Dealer's City State Zip Code
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 100000 POWER TRAIN Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 18-NOV-2006 Failure Mileage 20000 Failure Speed [REDACTED]

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 1 Number of Deaths Reported to Police Y

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 STATED WHILE EXITING A VEHICLE PARKED IN A DRIVEWAY ON A SLIGHT INCLINE WITH THE KEYS OUT OF THE IGNITION, THE VEHICLE ROLLED BACKWARDS WITHOUT WARNING. THE VEHICLE ROLLED ONTO THE FOOT OF THE CONTACT, WHICH LEFT THE CONTACT TRAPPED FOR 18 HOURS. MINOR BRUISING INJURIES WERE SUSTAINED. A PASSERBY ASSISTED, AND PUSHED THE VEHICLE OFF OF THE CONTACT. THE VEHICLE CONTINUED ROLLING, AND COLLIDED WITH A NEARBY TREE. MODERATE DAMAGE WAS SUSTAINED TO THE REAR OF THE VEHICLE. UPON INSPECTION, THE VEHICLE GEAR SHIFT INDICATOR WAS IN PARK. THE POLICE WERE ALERTED, AND A REPORT WAS TAKEN. THE VEHICLE WAS TOWED TO AN INDEPENDENT REPAIR SHOP TO AWAIT FURTHER INSPECTION BY AN INSURANCE ADJUSTOR. THE MANUFACTURER WAS ALSO ALERTED.

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.

11/08/06

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

I lost my car in Park, took out the keys & the car rolled on
 over my foot (left) & pinned me for 18 hours - car stopped when it
 @ tree - Both front & back doors were open & damaged. The date
 11/8 - 8PM - a friend came by 11/9/06 at 1:30 PM (the next afternoon)
 & called 911 - The Ambulance took me to Rockford Memorial Hospital
 (Broken foot & ribs) I was there 5 days & then to the
 P.A. PETERSON Home for Rehab for 20 days - when checked
 the car was in Park - I really did it roll & pin me before - ?
 Country Company by INSURANCE said the car was totaled

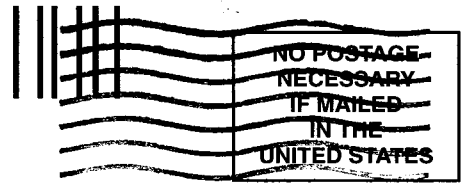
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

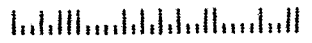
Official Business Penalty for Private Use \$300



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



Think your vehicle has a safety defect?

If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline

888-327-4236

safercar.gov

NHTSA

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