



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 2007 JAN 12 AM 7:41
 29-JAN-2007
 Repository
 Reference No. 10181051

OWNER INFORMATION (Type or Print)

Name [REDACTED]
 Address [REDACTED]
 City LAS VEGAS State NV Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [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 an authorized signature, provide your name or address to the vehicle manufacturer.
 Signature of Owner [REDACTED] Date 2/16/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G2NW52E5YM [REDACTED]
 Make PONTIAC Model GRAND AM Model Year 2000
 Date Purchased 14-FEB-00 Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders 6 Fuel Type: Gas
 Original Owner Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]
 Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain UNKNOWN
 Vehicle Component Code 126100 EXTERIOR LIGHTING:TURN SIGNAL:FLASHER UNIT
 Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 29-JAN-2007 Failure Mileage 20000 Failure Speed 0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
 DOT No. (Example: DOTM19ABCC36) 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(ies).)

Crash Yes No Fire Yes No
 Number of Persons Injured 0 Number of Deaths 0 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; if parts repaired or replaced (and if old part is available).

TL* - THE SIGNAL LIGHTS AND HAZARD LIGHTS ON THE 2000 PONTIAC GRAND AM WORKED INTERMITTENTLY AND COULD NOT BE DEPENDED ON. THERE WAS NHTSA RECALL O CAMPAIGN ID NUMBER : 03V327000, BUT THE MANUFACTURER INFORMED THE CONTACT THAT THIS VEHICLE WAS NOT INCLUDED WITH THAT RECALL DUE TO THE VIN.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 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 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.