



U.S. Department of Transportation
National Highway Traffic Safety Administration

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	Repository <input type="checkbox"/>
21-JAN-2015	Reference No. 10677107
Daytime Telephone Number	E-mail Address
Evening Telephone Number	

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City ROSLINDALE State MA Zip Code [Redacted]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G2NW12E2XM [Redacted]	Make PONTIAC	Model GRAND AM	Model Year 1999
Date Purchased 1998	Dealer's Name and Telephone Number Danvers		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City Danvers	State MA	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 02-OCT-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 010000 STEERING, 110000 ELECTRICAL SYSTEM, BRAKES (PWS), 116100 ELECTRICAL SYSTEM: IGNITION: SWITCH
Failure Mileage Failure Speed
35 mph

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 0 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).

TL* THE CONTACT OWNS A 1999 PONTIAC GRAND AM. THE CONTACT STATED WHILE DRIVING AT AN UNKNOWN SPEED, THE VEHICLE TRAVELED OVER AN UNKNOWN OBJECT WHICH CAUSED THE IGNITION SWITCH TO CHANGE TO THE OFF SETTING INDEPENDENTLY. AS A RESULT, THE STEERING AND BRAKES MALFUNCTIONED CAUSING THE VEHICLE TO SWERVE OFF THE ROADWAY AND CRASH INTO A CREEK. A POLICE REPORT WAS FILED. THE CONTACT SUSTAINED UNKNOWN INJURIES AND MEDICAL ATTENTION WAS REQUIRED. THE VEHICLE WAS REMOVED FROM THE CREEK AND AFTER SEVERAL ATTEMPTS IT WAS ABLE TO BE RESTARTED. THE CONTACT HAD ALSO RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER 14V400000 (ELECTRICAL SYSTEM) HOWEVER, THE DEALER REFUSED TO PERFORM THE RECALL REMEDY ON THE VEHICLE BECAUSE IT HAD PREVIOUSLY BEEN INVOLVED IN A CRASH. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS UNKNOWN. speed 35 mph; ignition switch moved from the on position; Dealer refused to repair defect because car defect caused the accident;

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.

Subject: FW: CORRECTED RECALL COMPLAINT FORM FOR [REDACTED] GRAND AM
Date: Thursday, April 09, 2015 11:56:52 AM
Attachments: [NHTSA RECALL COMPLAINT FORM. CORRECTED.pdf.PDF](#)

From: DataQuality, DataQuality (NHTSA)
Sent: Wednesday, March 11, 2015 2:49 PM

Subject: FW: CORRECTED RECALL COMPLAINT FORM FOR [REDACTED] GRAND AM

Please see the consumer corrected IVOQ

Oris Younger, PMP
BLF Technologies Inc.
on assignment with National Highway Traffic
Safety Administration, Dept. Of Transportation

From: [REDACTED]
Sent: Wednesday, March 11, 2015 2:03 PM
To: DataQuality, DataQuality (NHTSA)
Subject: CORRECTED RECALL COMPLAINT FORM FOR [REDACTED] GRAND AM