



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

**AUTO SAFETY HOTLINE  
VEHICLE OWNER'S QUESTIONNAIRE**

NATIONWIDE 1-800-424-9393  
DC METRO AREA 202-366-0123

**POSTED** FOR AGENCY USE ONLY  
DATE RECEIVED: **RECEIVED**  
**09 FEB -2 AM 12:05**  
OFFICE OF DEFECTS INVESTIGATION  
REFERENCE NO. **550646**

**OWNER INFORMATION (TYPE OR PRINT)**

NAME and ADDRESS

[Redacted Name and Address]

DAY TIME TELEPHONE NO. (AREA CODE)

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 [Redacted] DATE 1/24/00

**VEHICLE INFORMATION**

VEHICLE IDENTIFICATION NO. 1G2NE5531RM600379 VEHICLE MAKE PONTIAC VEHICLE MODEL GRAND AM MODEL YEAR 1994

\*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING 43000 DATE PURCHASED 7/94 DEALER'S NAME, CITY & STATE \_\_\_\_\_ ENGINE SIZE (CID/CC/L) \_\_\_\_\_  TURBO  DIESEL  GAS  FUEL INJECTN  
 NEW  USED NO. CYLINDERS \_\_\_\_\_

TRANSMISSION TYPE  MANUAL  AUTOMATIC ANTILOCK BRAKES  YES  NO RESTRAINT SYSTEM  DRIVERSIDE AIRBAG  MOTORBELT  PASSENGERSIDE AIRBAG  3-POINT BELT  2-POINT BELT CRUISE CONTROL  YES  NO DRIVETRAIN  FRONT  REAR  4-WHEEL BODY STYLE STAWAG  HATCH BK  VAN  PK UP TRK  OTHER

**FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)**

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
<u>?</u>		<input checked="" type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR	<input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> REPLACEMENT
NO. OF FAILURES <u>1</u>	DATE(S) OF FAILURE(S) <u>5/14/99</u>	MANUFACTURER CONTACTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NHTSA PREVIOUSLY CONTACTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	MILEAGE AT FAILURE(S) <u>approx 43,000</u>		
	VEHICLE SPEED AT FAILURE(S) <u>parked</u>		

**APPLICABLE ACCIDENT INFORMATION**

ACCIDENT  YES  NO FIRE  YES  NO NUMBER PERSONS INJURED \_\_\_\_\_ NUMBER OF FATALITIES \_\_\_\_\_ PROPERTY DAMAGE ESTS \_\_\_\_\_ POLICE REPORTED  YES  NO

**NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)**

*Vehicle was parked + when I entered the car + turned on the ignition, the engine kept turning over but would not start no matter what I tried. The engine continued turning over even when the key was turned off. Finally it stopped + I left the vehicle long enough to call for assistance. When I returned to the car a few minutes later, the police + fire dept. were there putting out a fire in the*

CONTINUE ON BACK IF NEEDED

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

