

US Department  
of TransportationNational 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

Date Received

RECEIVED

JUN - 8 AM 11:02

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Reference No

552540

## OWNER INFORMATION (Type or Print)

Name	[Redacted]
Street	[Redacted]
City	[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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## PRODUCT INFORMATION

Vehicle Identification No (VIN) (17 Digits)	(Located at bottom of windshield on driver's side)	Make	Model	Year
[Redacted]	[Redacted]	Pontiac	Grand Am	1999
Purchased Date 11- -98	Dealer's Name Fenton motors Inc	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo	<input type="checkbox"/> Diesel
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City Litchfield	No. Cylinders	<input type="checkbox"/> Gas	<input type="checkbox"/> Fuel Injection
State MN	Zip Code 55355	Transmission	<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> Automatic
Manufacture Date (on driver's door or pillar)	Restraint System	Cruise Control	<input checked="" type="checkbox"/> Driver's Air Bag	<input type="checkbox"/> Motorbelt
	<input checked="" type="checkbox"/> Passenger's Air Bag	<input type="checkbox"/> Yes	<input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> 3-Point Belt
	<input type="checkbox"/> 3-Point Belt	<input type="checkbox"/> No	Vehicle Type	Body Style
	Drivetrain	<input checked="" type="checkbox"/> Front	<input checked="" type="checkbox"/> Car	<input checked="" type="checkbox"/> 2-Door
	<input type="checkbox"/> Rear	<input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Sport Utility	<input type="checkbox"/> 4-Door
			<input type="checkbox"/> Van	<input type="checkbox"/> Stationwagon
			<input type="checkbox"/> Minivan	<input type="checkbox"/> Pick Up Truck
			<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Other
			<input type="checkbox"/> Other	<input type="checkbox"/> Other

## FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
passenger air bag seat belts	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)	NHTSA Previously Contacted?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

## APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2	0	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies): On November 22, 1998 my family was involved in an accident. An elderly woman ran a stop sign hitting the passenger's side front end panel and continued to keep her vehicle heading south while damaging the entire front end. My husband (driver) was not injured. My daughter was sleeping in the front passenger's seat. Her air bag failed to deploy until after she had hit the dash and the accident was over. My daughter's bottom front teeth fractured and was diagnosed as having TMJ in December of 1998. There is also a possibility her seat

Continues on back

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 administration 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 202-366-7882

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

belt did not properly restrain. As for myself Napmi (Chris) I was a passenger in the back seat on the driver's side. My sternum broke and splintered in two places. One doctor told me that had the impact been any worse my neck would have snapped. Both myself and daughter are treating for injuries currently I would like someone to investigate and research into this matter After watching dateline and their tests on the 99 Grand Am one question is how thorough ESIS was on their investigation. From what I saw on dateline the 99 Grand Am appeared to receive poor ratings as far as the restraint systems are concerned.

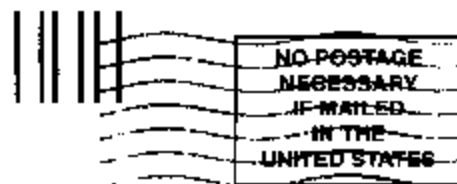
ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

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

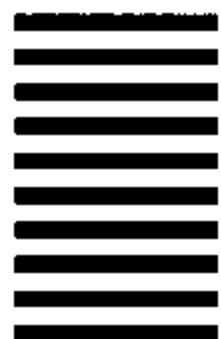
Official Business  
Penalty for Private Use \$300



**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, NSA-10 01  
400 7th Street, SW  
Washington, DC 20590



Complete and return or place in your car manual for future use



**VEHICLE  
OWNER'S  
QUESTIONNAIRE  
(V00)**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM

OR

**DASH 2 DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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