



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 Rec'd: []/ []/ []
 Date: []/ []/ []
 File No.: []
 559384

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

[Redacted Owner Information]

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 1/29/01

PRODUCT INFORMATION

Vehicle Identification No. (VIN) <i>(Type in block letters)</i>	Make	Model	Year
1G2NE12T4XM9118376	Pontiac	Grand Am	1999
Purchase Date 3/4/00	Dealer Name Brooks Automotive	Engine Size (CUBIC IN.) 2.8	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City Connellsville	State PA	No. Cylinders 4
Manufacture Date (month/year) 6/99	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Standard Air Bag <input type="checkbox"/> Nonstandard Air Bag <input type="checkbox"/> No Air Bag	Drive Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Steering <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> 2-Door <input type="checkbox"/> 3-Door <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Station Wagon <input type="checkbox"/> Other
			Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Hardtop <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) Braking/Traction Control ABS	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Repair Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Manufacturer's Recall <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Details of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
		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 injuries). Attach photos if available.

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities 0	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injuries:

I was driving down the road, when my traction control light came on and caused the brakes to lock up, no steering, and then the car just skidded off the road then began to spin into the 1st side of the road. The driver side back against the guard rail, then into the road 360° spin, it hit

Continued on back

The Privacy Act of 1974 - Public Law 93-573. This information is required 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 administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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

the front of driver side against the child roll, this incident scared me so much, that I am now afraid to drive the car. The air bags did not deploy at the time of the accident.

I have had continuous problems with this car, one most important problem that was never fixed was the ~~brakes~~ brakes.

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

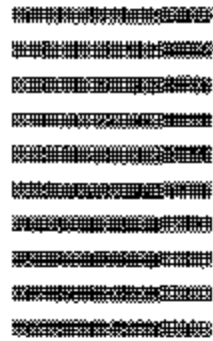


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 7474 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY MAILING UNIT, INQUIRY, 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
(VQO)**

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

1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



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National Highway Traffic Safety Administration

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