



US 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

Date Received

RECEIVED

MAR 5 1999

OFFICE OF SAFETY INVESTIGATION

**COPIED**

Order No. \_\_\_\_\_  
Head No. \_\_\_\_\_  
Product No. \_\_\_\_\_  
Up to No. \_\_\_\_\_  
Reference No. \_\_\_\_\_

560205

OWNER INFORMATION (Type or Print)

**DOCTED**

[Redacted Owner Information]

Daytime Telephone Number

[Redacted Telephone Number]

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 Signature]

Date

2/12/01

**PRODUCT INFORMATION**

|   |   |   |  |   |
|---|---|---|--|---|
| Vehicle Identification No. (VIN)<br>(17 Digits)<br>1G2WJ14T3PF22S106  |   | Make<br>Pontiac   | Model<br>Grand Prix  | Year<br>1993  |
| Purchased Date  | Dealer's Name   | Engine Size (CID/CC/L)  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection  |   |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's City   | State   | Zip Code   | No. Cylinders<br>6  |
| Manufacture Date (on driver's door or pillar)                         | Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Restraint System<br><input type="checkbox"/> Driverside Air Bag<br><input type="checkbox"/> Passengerside Air Bag<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO   | Drivetrain<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel |
|   |   | Vehicle Type<br><input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other                                      | Body Style<br><input checked="" type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |   |

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

|  |   |   |  |
|--|---|---|--|
| Part Name(s)<br>Rear - Evaporative Emissions canister purge cylinder, Brakes, Pads, Calipers, Valve, frozen Bushings | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input checked="" type="checkbox"/> Rear (brake) | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement | Handicap Adaptive Equip<br><input type="checkbox"/> Yes<br><input 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
|                 | Mileage at Failure(s)       | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|                 | Vehicle Speed at Failure(s) |   |

**APPLICABLE INCIDENT INFORMATION**

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

|   |  |                           |                      |  |
|---|--|---------------------------|----------------------|--|
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Reported to Manufacturer<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--|

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continue 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 202-356-7882