



U.S. Department of Transportation

National Highway Traffic Safety Administration

**DOT Auto Safety Hotline  
Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY 258**

Data Received  29-JAN-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  718043	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or driver's side)</small> <b>1G2NE52T3XC559700</b>	Vehicle Make <b>PONTIAC</b>	Vehicle Model <b>GRAND AM</b>	Vehicle Year <b>1999</b>	Current Odometer Reading
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Purchase Date <b>01-JUL-1999</b>	Dealer's Name _____	Engine Size (CID/CC/L) <b>2.4L</b>	<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	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>02100000 03250000 13450000</b>	Par. Name(s) <b>SUSPENSION:INDEPENDENT FRONT BRAKES:HYDRAULIC:ANTI-SKID SYSTEM STRUCTURE:DOOR ASSEMBLY:LATCHES AND LOCKS</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) 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
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**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

THE SOURCE OF THE PROBLEM IS UNIDENTIFIED BY THE DEALERSHIPS I'VE BEEN TO FOR SERVICE. THE CAR WILL PERIODICALLY VIOLENTLY PULL TO EITHER SIDE (HAS OCCURED ON BOTH SIDES), THRVED OUT OF CONTROL, THE BRAKES IN GENERAL ARE POOR AND DON'T STOP THE CAR WELL; I HAVE TO DOWNSHIFT THE AUTOMATIC IN ORDER TO STOP AT TIMES, THE LOCKS QUIT WORKING AND NEEDED REPROGRAMMED THREE TIMES, THE CAR HAS LOST POWER WHILE DRIVING AND TOOK A FEW MINUTES TO RESTART. THERE ARE OTHER PROBLEMS WITH THE CAR (SUCH AS REAR WINDSHIELD RATTLES, POOR GAS MILEAGE 14 CITY, 19 HIGHWAY, BAD GAS GAUGE) BUT THEY ARE NOT THE MAJOR SAFETY PROBLEMS. I HAVE ALMOST BEEN IN SEVERAL ACCIDENT BETWEEN THE BRAKES AND THE 'VIOLENT PULLING' BUT PONTIAC KEEPS TELLING ME NOTHING IS WRONG WITH THE

CONTINUED ON BACK PLEASE

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.