



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

03-APR-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

720972

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> | Vehicle Make PONTIAC | Vehicle Model GRAND AM | Vehicle Year 1995 | Current Odometer Reading |
|---|--------------------------------|----------------------------------|-----------------------------|--------------------------|

| | | | |
|---|---------------------------------------|------------------------------|---|
| Purchase Date 01-JAN-1995 | Dealer's Name _____ | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | |

| | | | | | | |
|---|---|---|--|---|--|--|
| Transmission Type <input type="checkbox"/> Manual <input checked="" 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt | 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle | Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____ |
|---|---|---|--|---|--|--|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|---|--|--|---|
| Component 08310000 05150000 08540000 | Part Name(s) ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD ENGINE:OTHER PARTS ELECTRICAL SYSTEM:IGNITION:ELECTRONIC CONTROL UNIT | Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
|---|--|--|---|

| | | | |
|-----------------------------|---|---|---|
| No. of Failures 1 | Date(s) of Failure(s) 25-MAR-2000 Mileage at Failure(s) 06000 Vehicle Speed at Failure(s) 40 | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------|---|---|---|

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured 2 | Number of Fatalities 0 | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|---------------------------------------|----------------------------------|---------------------------|---|

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE CAR SET ON FIRE AND STALLED IN THE MIDDLE OF THE ROAD, BLEW A ROD AND MELTED THE SPARK PLUGS, THE COMPUTER FAILED AND THE TRANSMISSION BLEW.

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.