

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |                                                                                                                                                                                                                                                                         |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOT Auto Safety Hotline<br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                          | <b>FOR AGENCY USE ONLY</b> 258<br>Date Received<br><div style="font-size: 1.2em; font-weight: bold;">13-SEP-2000</div>                                                                                                                                                  |                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          | Od_or _____<br>Rt_dt _____<br>od_rt _____<br>up_ltr _____<br>Reference No.<br><div style="font-size: 1.2em; font-weight: bold;">731370</div>                                                                                                                            |                                                                                                                                                         |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.<br>Signature of Owner _____ Date ____/____/____                                                                                                                                                                                                                                                                   |                                                                                                                                          |                                                                                                                                                                                                                                                                         |                                                                                                                                                         |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                          |                                                                                                                                                                                                                                                                         |                                                                                                                                                         |
| Vehicle Ident. No. (VIN) (located at front of windshield or driver's side)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                          | Vehicle Make                                                                                                                                                                                                                                                            | Vehicle Model                                                                                                                                           |
| 1G2NV12E8YM859576                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                          | PONTIAC                                                                                                                                                                                                                                                                 | GRAND AM                                                                                                                                                |
| Vehicle Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                          | Current Odometer Reading                                                                                                                                                                                                                                                |                                                                                                                                                         |
| 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                                                                                                                                         |                                                                                                                                                         |
| Purchase Date<br><div style="font-weight: bold;">01-JAN-2000</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dealer's Name _____<br>City _____ State _____ Zip Code _____                                                                             |                                                                                                                                                                                                                                                                         | Engine Size (CID/CCL) <u>V6</u><br>No. Cylinders _____                                                                                                  |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                          |                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<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                                                                |
| Drive Train<br><input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle |                                                                                                                                                         |
| 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 _____                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                          |                                                                                                                                                                                                                                                                         |                                                                                                                                                         |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                          |                                                                                                                                                                                                                                                                         |                                                                                                                                                         |
| Component<br>13133200<br>13630000<br>10110000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Part Name(s)<br>STRUCTURE: AIR SPOILER/DEFLECTOR<br>STRUCTURE: TRUNK LID AND DOOR ASSEMBLY: LATCHES<br>VISUAL SYSTEMS: GLASS: WINDSHIELD |                                                                                                                                                                                                                                                                         | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear          |
| Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                          | No of Failures<br><div style="font-weight: bold;">1</div>                                                                                                                                                                                                               |                                                                                                                                                         |
| Dates of Failure(s) <u>05-SEP-2000</u><br>Mileage at Failure(s) <u>3016</u><br>Vehicle Speed at Failure(s) <u>50</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                   |                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                 |                                                                                                                                                         |
| <b>APPLICATION INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                          |                                                                                                                                                                                                                                                                         |                                                                                                                                                         |
| (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                          |                                                                                                                                                                                                                                                                         |                                                                                                                                                         |
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                              | Number of Persons Injured<br><div style="font-size: 1.2em;">0</div>                                                                                                                                                                                                     | Number of Fatalities<br><div style="font-size: 1.2em;">0</div>                                                                                          |
| Estimated Property Damage<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                               |                                                                                                                                                         |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                                                                                                                                         |                                                                                                                                                         |
| WATER DEFLECTORS WARPED CAUSING A PUDDLE TO FORM ON BACK FLOOR ON PASSENGER SIDE. WHILE DRIVING DOWN THE ROAD TRUNK POPS OPEN FOR NO REASON BUT ONLY IF IT IS RAINING. WINDSHIELD LEAKED CAUSING WATER TO LEAK DOWN BY HOOD RELEASE AND UNDER DASH CAUSING ANOTHER PUDDLE ON FLOOR. I SHOULD ADD DEALER CANNOT FIND ANY REASON FOR TRUNK TO POP OPEN ALTHOUGH IT HAS HAPPENED 4 TIMES.                                                                                                                                                                                              |                                                                                                                                          |                                                                                                                                                                                                                                                                         |                                                                                                                                                         |
| CONTINUED ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                          |                                                                                                                                                                                                                                                                         |                                                                                                                                                         |
| 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. |                                                                                                                                          |                                                                                                                                                                                                                                                                         |                                                                                                                                                         |