Form Approved: OMB No. 2127-0042

U.S. Department of Transportation
**National Highway Traffic Safety Administration**

**Auto Safety Hotline**

# Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393**
**DC METRO AREA (202) 366-0123**
**INTERNET: http://www.nhtsa.dot.gov**

| FOR AGENCY USE ONLY 258 | |
|---|---|
| Date Received: 26-MAR-2001 | Od_or ____ ____<br>rt_dt ____ ____<br>od_rt ____ ____<br>op_ltr ____ ____ |
| | Reference No.: 743096 |

[redacted]

*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.) (Locate at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Readin |
|---|---|---|---|---|
| 1G2WP12K1YF310357 | PONTIAC | GRAND PRIX | 2000 | |

| Purchase Dat | | | | |
|---|---|---|---|---|
| 01-MAY-2000<br>☒ New ☐ Used | Dealer's Name_____<br>City_____ State_____ Zip Code_____ | Engine Size (CID/CC/L 3.8 LI<br>No Cylinders _____ | ☐ Turbo<br>☐ Diesel<br>☐ Gas<br>☐ Fuel Injectio | |

| Transmission Type | Antilock Brakes | Restraint System | Cruise Contro | Drive Trai | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☐ Manual<br>☐ Automatic | ☒ Yes<br>☐ No | ☐ 3-Point Belt ☐ Motorbelt<br>☐ Driverside Airbag ☐ 2-Point Bel<br>☐ Passengerside Airbag | ☒ Yes<br>☐ No | ☒ Front<br>☐ Rear<br>☐ 4-Wheel | ☐ Car ☐ Sport Ult<br>☐ Van ☐ Truck<br>☐ Minivan ☐ Motorcycle<br>☐ Other_____ | ☒ 2-Door<br>☐ 4-Door<br>☐ Stationwagon<br>☐ Pick Up Truck<br>☐ Other_____ |

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

| Component | Part Name(s | Location | Failed Part(s |
|---|---|---|---|
| 06500000 | EXHAUST/CRANKCASE EMISSION CONTROL DEVICES | ☐ Left ☐ Right<br>☐ Front ☐ Rear | ☐ Original<br>☐ Replacement |

| No of Failure | Date(s) of Failure(s) | Mileage at Failure(s) | Failed Part(s) | NHTSA Previously |
|---|---|---|---|---|
| 5 | 23-JAN-2001<br>7820 | 0 | ☐ Yes ☐ No | ☐ Yes ☐ 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 | Fire | Number of Persons Injured | Number of Fatalitie | Estimated Property Damag | Reported to Polic |
|---|---|---|---|---|---|
| ☐ Yes ☐ No | ☐ Yes ☒ No | 0 | 0 | | ☐ Yes ☒ No |

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

VEHICLE HAS GONE TO DEALERSHIP 5 TIMES IN A 2 MONTH PERIOD. SERVICE ENGINE SOON LIGHT COMES ON EVERY TIME. 1/23/01 INSPECTED VEHICLE, FOUND DTC P0446. EVAP SOLENOID AND CHECKED PRESSURE, FOUND 1.12 OUT OF SPECS, REMOVED THE PRESSURE SENSOR AND REPLACED. RETESTED OK, 01/25/01 FOUND DTC P0446 EVAP. VENT, CONTACTED TAC. TAC ADVISED TO REPLACE THE SENSOR AGAIN. REMOVED THE SENSOR AND REPLACED. RETESTED OK 02/08/01 FOUND TERMINAL 55 WAS BACKED OUT OF CONNECTOR AT CKT 890 FOR THE PCM. ALSO FOUND THE EVAP CANISTER WAS EXCESSIVELY HEAVY, FOUND THE CANISTER WAS HOLDING FUEL IN THE ASSEMBLY. REPAIRED THE TERMINAL ON CONNECTOR AT CKT 890 AND REASSEMBLED. REPLACED THE EVAP CANISTER AND RETESTED OK 02/22/01 PROTECTIVE SHIELD PUT ON DUE TO WIRE HARNESS CHAFFING AGAINST THE M

CONTINUED ON REVERSE