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: 29-OCT-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
op_ltr ____ ____

Reference No.: 753865

[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.) (Location of VIN on vehicle)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1G2WJ14T2MF215761	PONTIAC	GRAND PRIX	1991	

Purchase Dat: ☐ New ☒ Used

Dealer's Name_____ City_____ State_____ Zip Code_____

Engine Size (CID/CC/L 3.1) No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
01300000 03200000 06136000	STEERING:POWER ASSIST BRAKES:HYDRAULIC SYSTEM FUEL:FUEL PUMP	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	Mileage at Failure(s) _____ Vehicle Speed at Failure(s)	☐ 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				☐ Yes ☒ No

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

THE ALTERNATOR/STARTER GO OUT EVERY 6 MONTHS, THE FUEL PUMP HAS BEEN REPLACED 8 TIMES, THE LEFT TURN SIGNAL DOES NOT BLINK, THE BRAKES GO OUT EVERY 6 MONTHS, I THINK THERE WAS A RECALL ON THE BRAKE SYSTEM. THE POWER STEERING HAS TO BE REFILLED EVERY 100 MILES. THE DRIVERS SIDE POWER WINDOW DOES NOT WORK. THE WINDOW IS DOWN ABOUT AN INCH AND WILL NOT GO UP OR DOWN.

CONTINUE ON A SEPARATE SHEET