



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

16-FEB-2002

Od. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

758341

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G2NE12E8XM800512	PONTIAC	GRAND AM	1999	

Purchase Date <b>01-SEP-2001</b>	Dealer's Name _____	Engine Size (CID/CC/L) <b>3.4L</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" 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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	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 _____
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### FAILED COMPONENT(S)/PART(S) INFORMATION

Component <b>08510000</b>	Part Name(s) <b>ELECTRICAL SYSTEM:IGNITION:SWITCH</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failure <b>180</b>	Date(s) of Failure(s) <b>08-SEP-2001</b>	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) <b>53000</b>		
	Vehicle Speed at Failure(s) <b>30</b>		

### 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 checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**BOUGHT CAR USED-3 WKS LATER TRIED TO START-TRUNK OPENED-CAR STARTED THEN STALLED WOULD NOT RESTART-TOW TRUCK #1. DRIVING IN FAST LANE FREEWAY 65-70 MPH ALL LIGHTS ON THEN OFF, FLICKERING, RADIO TURNED OFF, GAUGES WITH DIALS UP THEN DOWN LASTED 15 SECONDS THEN CAR LOST ALL POWER, WENT OFF ROAD INTO FIELD-HURT LOWER BACK-WOULD NOT START, TOW TRUCK #2; HOME FROM WORK 2 AM STOP TO GET MAIL, LEFT CAR RUNNING KEYS IN IGNITION, CLOSED DRIVERS DOOR-DOORS LOCKED WITH KEYS INSIDE, TOW TRUCK #3; DROVE 3 MILES TO STORE FROM HOME-ENGINE COOLANT LIGHT CAME ON THEN OVERHEAT LIGHT-PULLED OFF ROAD-TOW TRUCK #4-ALL HUB CAPS RATTLE, TAIL/BRAKE LIGHTS ONLY WORK SOMETIMES-PARTS OF THIS SCENARIO HAVE RE-OC**

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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.