



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

12-JUN-2002

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

Reference No.

762981

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)<br><small>(Locate at bottom of<br/>and/or above driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G2NE52E4XM903577   | PONTIAC      | GRAND AM      | 1999         |                          |

|   |                                       |                               |  |
|---|---------------------------------------|-------------------------------|--|
| Purchase Date<br>01-JUN-2099  | Dealer's Name _____                   | Engine Size<br>(CID/CC/L) 3.4 | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injectio |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____            |  |

|   |   |  |  |   |   |  |
|---|---|--|--|---|---|--|
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|---|---|--|--|---|---|--|

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

|                       |  |  |  |
|-----------------------|--|--|--|
| Component<br>07300000 | Part Name(s)<br>POWER TRAIN:TRANSMISSION:AUTOMATIC | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|-----------------------|--|--|--|

|               |   |  |  |
|---------------|---|--|--|
| No of Failure | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|---------------------------|----------------------|--------------------------|---|

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

TRANSMISSION HAS BEEN SLIPPING SINCE I BOUGHT CAR. A SERVICE DEPT. WORKER TAKING ME BACK TO WORK POINTED IT OUT. WHEN YOU PUT IT IN REVERSE IT TAKES A FEW SECONDS FOR IT TO GO INTO GEAR. IN THE WINTER IT IS VERY HARD TO GET OUT OF PARK. THE DEALERSHIP TOLD ME THIS WAS NORMAL, BUT I HAD NEVER HAD THIS HAPPEN IN ANY OTHER CAR I OWNED. WHEN DRIVING IT SOMETIMES DOES NOT ALWAYS SHIFT WHEN IT IS SUPPOSE TO AND THEN WHEN IT DOES IT SLAMS INTO THE NEXT GEAR. WHEN BACKING OUT OF MY DRIVE AND THEN PUTTING IT INTO DRIVE TO GO DOWN THE DRIVE IT WON'T GO INTO GEAR (DRIVE) FOR QUITE AWHILE. I HAVE REPORTED THIS TO DEALERSHIP THEY TOLD ME IT WAS A COMPUTER PROBLEM AND THEY REPROGRAMED IT. WHEN I CALLI

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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.