



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 **17-JUN-2002**  
 Od\_ or \_\_\_\_\_  
 rt\_ dt \_\_\_\_\_  
 od\_ rt \_\_\_\_\_  
 ip\_ ltr \_\_\_\_\_

Reference No.

**763151**

Work Number **708 799 7924**

Home Number **708 799 7924**

**OWNER INFORMATION (Type or Print)**

**JENNIFER STEINER 760068**  
**17836 PARK AVE**  
**HOMEWOOD IL 604301208**

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>(Locate at bottom of windshield or driver's side door)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
<b>1G2WP52K6VF275561</b>	<b>PONTIAC</b>	<b>GRAND PRIX</b>	<b>1997</b>	

Purchase Date <b>01-AUG-2000</b>	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
--	---	---	--	---	--	--

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

Component <b>02483000</b>	Part Name(s) <b>SUSPENSION:SINGLE AXLE:REAR:NON-POWER AXLE:BEARING</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
------------------------------	---	--	--

No of Failure <b>1</b>	Date(s) of Failure(s) <b>01-JUN-2002</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>0</b>		
	Vehicle Speed at Failure(s) <b>0</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
---	---	---------------------------------------	----------------------------------	--------------------------	---

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

**WE FOUND THE HEAD OF THE BOLT AND THE WASHER UNDER THE CAR WHEN IT WAS PARKED. THE HEAD OF THE BOLT HAD CRACKED OFF RIGHT WHERE IT JOINS THE SHAFT OF BOLT. MY FATHER BOUGHT A NEW BOLT AND REPLACED IT. IT SEEMED VERY UNUSUAL THE WAY THE BOLT HEAD HAD BROKEN OFF. THE ENTIRE FACE OF THE SHAFT AND THE HEAD WHERE THE SHAFT WAS WERE RUSTED SO IT APPEARS THAT THIS HAD BEEN BROKEN FOR SOME TIME. WE HAVE BOTH PIECES OF THE BOLT IF YOU NEED TO HAVE IT AND A PARTS DISPLAY OF THE REAR SUSPENSION WITH THE BOLT CIRCLED IF YOU NEED THEM. IF YO HAVE QUESTIONS CONTACT MY FATHER AT THE SAME NUMBER OR VIA E-MAIL AT WSTEINER@ISO.COM.\*AK**

CONTINUE ON REVERSE