



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 197

Date Received

31-DEC-2001

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rp_lr

Reference No.

8001297

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		
1G2NW52EXX M894056	PONTIAC	GRAND AM	1999			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input 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 type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	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
No. of Failure 0	Dates of Failure(s) 31-DEC-2001 Mileage at Failure(s) 25418 Vehicle Speed at Failure(s) 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING COULD STEP ON BRAKES AND SEAT BELT WILL HOLD ,AND WILL STAY ON HOLD, AND WILL NOT RETRACT, EVEN WHEN IS PULLED OUT. PLEASE PROVIDE MORE INFORMATION.*AK

COPIES OF THIS FORM ARE:

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.



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 197

Date Rec'd: FEB 19 2007
31-DEC-2007
Reference No. 8001297

OWNER INFORMATION (Type or Print)

[Redacted] 731682

Work Num: [Redacted]
Phone Num: [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of your signature, provide your name and address to the vehicle manufacturer.
Signature: [Redacted] YES NO
Date: 1/14/07

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 1G2NW52EXXM894056
Vehicle Make: PONTIAC
Vehicle Model: GRAND AM
Vehicle Year: 1999
Current Odometer Reading: [Redacted]

Purchase Date: 6-22-01
Dealer's Name: Lincoln Truck and Auto
City: Lincoln State: NY Zip Code: [Redacted]
Engine Size (CID/CC/L): 3.4
No. Cylinders: 6
Turbo Diesel Gas Fuel Injectio

Transmission Type: Automatic
Antilock Brakes: Yes
Restraint System: 3-Point Belt, Driverside Airbag, Passengerside Airbag
Cruise Control: Yes
Drive Train: Front, Rear, 4-Wheel
Vehicle Type: Car
Body Style: 4-Door Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 12240000
Part Name(s): INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS
Location: Left front, Right front, Right Rear
Failed Part(s): Original, Replacement

No of Failures: 0
Date(s) of Failure(s): 31-DEC-2001
Mileage at Failure(s): 25418
Vehicle Speed at Failure(s): 0
Failed Part(s): Yes, No
NHTSA Previously: 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: Yes, No
Fire: Yes, No
Number of Persons Injured: 0
Number of Fatalities: 0
Estimated Property Damage: [Redacted]
Reported to Police: Yes, No

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

WHILE DRIVING COULD STEP ON BRAKES AND SEAT BELT WILL HOLD, AND WILL STAY ON HOLD, AND WILL NOT RETRACT, EVEN WHEN IS PULLED OUT. PLEASE PROVIDE MORE INFORMATION.*AK

CONTINUE ON BACK IF NECESSARY

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