



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 241**

Date Received

25-JAN-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8002880

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		
1G2NE52T5ZM545997	PONTIAC	GRAND AM	1997			
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 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 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 06400000	Part Name(s) FUEL: THROTTLE LINKAGES AND CONTROL	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	Dates of Failure(s) 15-AUG-2001 Mileage at Failure(s) 35000 Vehicle Speed at Failure(s)	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	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**VEHICLE WOULD SURGE FROM A STOP LIGHT OR STOP SIGN WHEN FOOT WAS OFF BRAKES. DEALER NOTIFIED, AND WA SUNABLE TO CORRECT PROBLEM. FEEL FREE TO PROVIDE ANY FURTHER 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 241

Date Received: FEB 27 11 35 AM '02  
25-JAN-2002

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od\_rt \_\_\_\_\_  
up\_itr \_\_\_\_\_

Reference No.  
8002880

OWNER INFORMATION (Type or Print)

[Redacted] 735805

Work Number [Redacted]  
Phone Number [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an address, please provide the address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date [Redacted]

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 1G2NE52T5ZM545997  
Vehicle Make: PONTIAC  
Vehicle Model: GRAND AM  
Vehicle Year: 1997  
Current Odometer Reading: 35550

Purchase Date: [Redacted]  
Dealer's Name: STOWASSER CADILLAC  
City: SANTA ANITA State: CA Zip Code: [Redacted]  
Engine Size: 2.0L I4  
No. Cylinders: 4  
Fuel System: Gas Fuel Injectio

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 06400000  
Part Name(s): FUEL THROTTLE LINKAGES AND CONTROL  
Location:  Left Front  
Failed Part(s):  Original  Replacement  
No. of Failures: [Redacted]  
Date(s) of Failure(s): 15-AUG-2001  
Mileage at Failure(s): 35000  
Vehicle Speed at Failure(s): 28  
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: [Redacted]  
Number of Fatalities: [Redacted]  
Estimated Property Damage: [Redacted]  
Reported to Police:  Yes  No

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

VEHICLE WOULD SURGE FROM A STOP LIGHT OR STOP SIGN WHEN FOOT WAS OFF BRAKES. DEALER NOTIFIED, AND WAS UNABLE TO CORRECT PROBLEM. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*AK

CONTINUE ON BACK OF FORM

The Privacy Act of 1974 (Public Law 93-502) 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.