

U.S. Department  
of TransportationNational 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** 1039

Date Received

04-FEB-2002

Od\_or \_\_\_\_\_

rt\_dt \_\_\_\_\_

pd\_rt \_\_\_\_\_

rp\_lr \_\_\_\_\_

Reference No.

8003473

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>(Location at bottom of<br/>and/or above windshield)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G2WP52K4VF329200  | PONTIAC      | GRAND AM      | 1997         |                          |

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

|   |   |  |   |   |   |   |
|---|---|--|---|---|---|---|
| Transmission Type   | Antilock Brakes   | Restraint System   | Cruise Control  | Drive Train   | Vehicle Type  | Body Style  |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <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 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <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 _____ | <input type="checkbox"/> 2-Door<br><input 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>01100000 | Part Name(s)<br>STEERING:WHEEL AND COLUMN | 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         | Dates of Failure(s) 04-FEB-2002           | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No               |
|                       | Mileage at Failure(s) 50                  |  |  |
|                       | Vehicle Speed at Failure(s) _____         |  |  |

**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 type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|--|

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

WHILE DRIVING 20 TO 25 MPH STEERING WHEEL LOCKED UP.WHEN TURNING STEERING WHEEL IT WILL LOCK UP. DEALER CONTACTED.\*AK

CONTINUE ON REVERSE

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.