



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 117

Date Received

15-FEB-2002

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

Reference No.

8004114

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		
1G2NE553CTV783383	PONTIAC	GRAND AM	1994			
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 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 05150021	Part Name(s) ENGINE:GASKETS:VALVE COVER	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) _____ Mileage at Failure(s) 67000 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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING VEHICLE WOULD BE SLUGGISH AS IF IT WAS ABOUT TO STALL OUT. VEHICLE STARTED TO SMOKE. PARKED VEHICLE, AND HAD IT TOWED TO MECHANIC. INFORMED POSSIBLE HEAD GASKET OR CRACKED HEAD. ENGINE HAD NOT BEEN PULLED TO BE CHECKED.*AK

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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.



Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
National Highway Traffic Safety Administration
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 117

Date Received: APR 20 2002
DEFECTS OFFICE
Reference No. 0004114

OWNER INFORMATION (Type or Print)

Work Num: 39110
Home Num: [REDACTED]

Signature of Owner: [REDACTED]
Date: 3/16/02

Vehicle Ident. No. (VIN): 1G2NE53CTV783383
Vehicle Make: PONTIAC
Vehicle Model: GRAND AM
Vehicle Year: 1994

Purchase Date: 4-95
Dealers Name: NISSAN DEALERSHIP
City: WAKEFIELD State: MA Zip Code: 01880

Transmission Type: Automatic
Manual:
Restraint System: 3-Point Belt
 2-Point Belt
 Motorbel

Failed Component: ENGINE-GASKETS: VALVE-COVER
Head Gasket
Maybe cracked head

No of Failures: _____
Date(s) of Failure(s): _____
Mileage at Failure(s): 67000
Vehicle Speed at Failure(s): _____

Crash: Yes No
Fire: Yes No
Number of Persons Injured: _____
Number of Fatalities: _____
Estimated Property Damage: _____
Reported to Police: Yes No

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PLEASE SEND ON BACK

Form Approved O.M.B. No. 2127-0008

CONTINUE ON BACK IF NEEDED

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