



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 1220

Date Received

25-FEB-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8004496

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		
1G2NE52E1XC568705	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 checked="" 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 checked="" 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 02100000	Part Name(s) SUSPENSION INDEPENDENT FRONT	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) 24000 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)

WHILE DRIVING SOMETHING IN FRONT RIGHT END OF VEHICLE SHAKES IRRATICALLY, WHICH MAKES VEHICLE FEEL UNBALANCED. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

CONTINUED 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.



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 1220

Date Received: 25-FEB-2002
MAR 20 2002
OFFICE OF DEFECTS INVESTIGATION

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

8004496

OWNER INFORMATION (Type or Print)

740389

Work Num

Home Num

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's manufacturer.

Signature of Owner

Date 3/6/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1G2NE52E1XC568705 (located at bottom of windshield on driver's side)
Vehicle Make PONTIAC
Vehicle Model GRAND AM
Vehicle Year 1999
Current Odometer Reading 24,425

Purchase Date _____ Dealer's Name Koon's Pontiac Engine Size (CID/CC/L) _____ Turbo
 New Used City Tyson's Corner State VA Zip Code _____ No. Cylinders 6 Diesel
Gas Fuel Injectio

Transmission Type Manual Automatic
Antilock Brakes Yes No
Restraint System 3-Point Belt Motorbelt 2-Point Bel
 Driverside Airbag Passengerside Airbag
Cruise Control Yes No
Drive Trai Front Rear 4-Wheel
Vehicle Type Car Sport Utl Truck Motorcyclo
 Van Minivan Other
Body Style 2-Door 4-Door Stationwagon Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02100000 Part Name(s) SUSPENSION:INDEPENDENT FRONT Location Left Right Front Rear
Failed Part(s) Original Replacement

No of Failures _____ Date(s) of Failure(s) 2/02 Failed Part(s) Yes No
Mileage at Failure(s) 24000 NHTSA Previously Yes No
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 Yes No Fire Yes No
Number of Persons Injured _____ Number of Fatalities _____ Estimated Property Damage _____ Reported to Police Yes No

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

WHILE DRIVING SOMETHING IN FRONT RIGHT END OF VEHICLE SHAKES IRRATICALLY, WHICH MAKES VEHICLE FEEL UNBALANCED. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

When applying brakes, steering wheel shakes. Rotors feel warped. Braking feels soft.

CONTINUE ON BACK IF NEEDED

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