



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

04-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8006929

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) (Locate at bottom of windshield or door frame)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
FILL IN	PONTIAC	GRAND PRIX	1997	
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	☐ Turbo
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____	☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type	Body Style			
☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____			

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01100000	Part Name(s) STEERING:WHEEL AND COLUMN	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Dates of Failure(s) 23-MAR-2002	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 61000		
	Vehicle Speed at Failure(s) 45		

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 2	Number of Fatalities 0	Estimated Property Damag _____	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WAS DRIVING 40-45 MPH WHEN THE STEERING WHEEL LOCKED UP. DRIVER LOST CONTROL OF VEHICLE. THEN, VEHICLE FLIPPED OVER. DRIVER AND FRONT PASSENGER SUFFERED INJURIES. HAD EMERGENCY ROOM TREATMENT.*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.

Vehicle Owner's Questionnaire (VOQ)

DOT Auto Safety Hotline

U.S. Department

of Transportation

National Highway

Traffic Safety

Administration

OWNER INFORMATION (Type or Print)

746790

Reference No.
8006929OFFICE
04 APR-2002
11:26 AM

Date Received

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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

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)

Vehicle Make

Vehicle Model

GRAND PRIX

Vehicle Year

1997

Current Odometer Reading

62,000

Purchase Date
04-1997☒ New ☐ Used

Dealers Name

Ray Leathers Pontiac

City

Detroit

State

MI

Zip Code

48224

Engine Size (CID/CCL)

387

No Cylinders

6

Turbo ☐Diesel ☐Gas ☒Fuel Injection ☒

Transmission Type

☒ Automatic
☐ Manual

Restraint System

☒ 3-Point Belt
☒ 2-Point Belt
☒ Motorbelt
☒ Driver's Side Airbag
☒ Passenger's Side Airbag

Cruise Control

☒ Yes
☐ No

Drive Train

☒ Front
☒ Rear
☐ 4-Wheel

Vehicle Type

☒ Car
☐ Van
☐ Minivan
☐ Other

Body Style

☒ Sport Utility
☐ Truck
☐ Station Wagon
☐ 4-Door
☐ 2-Door
☐ Pick Up
☐ TruckComponent
01100000Part Name's
STEERING, WHEEL AND COLUMNLocation
☐ Front
☐ Left
☐ Right
☐ RearFailed Part's
☒ Original
☐ ReplacementNo of Failures
1Date(s) of Failure(s)
23-MAR-2002Mileage at Failure(s)
81000Vehicle Speed at Failure(s)
40Failed Part(s)
☐ Yes ☐ NoPreviously
☐ 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 2
Number of Fatalities 0
Estimated Property Damage \$17,000
Reported to Police ☒ Yes ☐ No

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

WAS DRIVING 40-45 MPH WHEN THE STEERING WHEEL LOCKED UP. DRIVER LOST CONTROL OF VEHICLE. THEN, VEHICLE FLIPPED OVER. DRIVER AND FRONT PASSENGER SUFFERED INJURIES. HAD EMERGENCY ROOM TREATMENT. *AK

VIN: 1G2WP52K2VF311407

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CONTINUE ON BACK IF NEEDED