



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 936

Date Received

18-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8007929

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		
1G2WJS2K1VF304823	PONTIAC	GRAND PRIX	1997			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) 6 CYL	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 09002000	Part Name(s) LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS	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 1	Dates of Failure(s) 15-APR-2002 Mileage at Failure(s) 58000 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)

CONSUMER STATES THAT THE HEADLIGHTS ARE INCASED IN A NO VENTED SYSTEM. SYSTEM BUILDS UP PRESSURE. CONSUMER STATES WHILE DRIVING CONSUMER HEARD A BANG AND SAW SOMETHING FLY OFF OF VEHICLE ABOUT 15 FEET. IT WAS THE COVER OFF THE HEADLIGHT. TOOK TO DEALER AND THEY ARE AWARE OF THIS PROBLEM. NLN

COPIED FROM NHTSA FORM 101

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.

DOT Auto Safety Hotline
 U.S. Department of Transportation
 National Highway Traffic Safety Administration
 www.nhtsa.dot.gov/hotline

Vehicle Owner's Questionnaire (VOQ)
 NATIONWIDE 1-888-DASH-2-DOT
 1-888-327-4236

OWNER INFORMATION (Type or Print)
 749091

Work Number: _____
 Home Number: _____

Date Received: _____
 Reference No. _____

FOR AGENCY USE ONLY 335

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 YES NO
 In the absence of an answer, we and address to the vehicle manufacturer.

VEHICLE INFORMATION

Vehicle (DOT) No. (VIN) (located at front of windshield or driver's side): 1G2WJS2K1V1F304823
 Vehicle Make: PONTIAC
 Vehicle Model: GRAND PRIX
 Vehicle Year: 1997
 Current Odometer Reading: 58320

Purchase Date: _____
 Dealer's Name: COLONIAL CARS
 City: NEWTON State: MA Zip Code: _____
 New Used

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type: Automatic Manual
 Restraint System: 3-Point Belt 2-Point Belt Motorized
 Cruise Control: Yes No
 Drive Type: Front Rear 4-Wheel
 Vehicle Type: Car Van Minivan Other
 Body Style: Turbo Diesel Gas Fuel Injecto

Component 09002000
Part Name(s) LIGHTING: GENERAL OR UNKNOWN COMPONENT: HEAD LIGHTS
Location Front Left Right
Failed Part(s) Original Replacement

APPLICATION INCIDENT INFORMATION

No of Failures 1
Date(s) of Failure(s) 15-APR-2002
Mileage at Failure(s) 58000
Vehicle Speed at Failure(s) 30 MPH
Failed Part(s) Yes No
NHTSA Previously Yes No

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

Crash Yes No
Fire Yes No
Number of Persons Injured 0
Number of Fatalities 0
Estimated Property Damage 16500
Reported to Police Yes No

CONSUMER STATES THAT THE HEADLIGHTS ARE INCASED IN A NO VENTED SYSTEM. SYSTEM BUILDS UP PRESSURE. CONSUMER STATES WHILE DRIVING CONSUMER HEARD A BANG AND SAW SOMETHING FLY OFF OF VEHICLE ABOUT 15 FEET. IT WAS THE COVER OFF THE HEADLIGHT. TOOK TO DEALER AND THEY ARE AWARE OF THIS PROBLEM. NLM
 HAPPEDED ABOUT 5 MINS. BEFORE ON PASS SIDE HEADLIGHT
 TURNED, I THOUGHT IT WAS THAT SOMEONE RACKED INTO CAR
 CAUSING DAMAGE AS I WAS OUT OF CAR AT FIRST INCIDENT
 GOT IT FIXED AND THAT WOULD HAVE BEEN THE END OF IT

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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

EXCEPT WAS IN CAR SECOND TIME (DRIVERS SIDE)
WHEN I TOOK IT TO GET IT REPAIRED SERVICE MAN
TOLD ME HE HAD 6 SIMILAR REPAIRS SINCE THE
FIRST TIME I WAS IN



ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transport

National Highway
Traffic Safety
Administration

400 Seventh St. S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

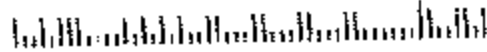
BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

20590+0001



**VEHICLE
OWNERS**

QUESTIONNAIRE

DOT AUTO SAFETY HO

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

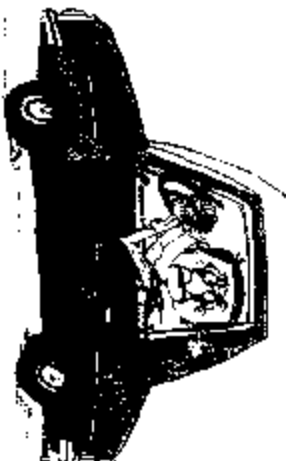
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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