



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 151

Date Received

20-MAY-2002

Ord. or
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8010091

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 | | |
| 1G2NE52M9VM553643 | PONTIAC | GRAND AM | 1997 | | | |
| 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 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 03250000 | Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM | 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) _____ 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 |
|---|--|---------------------------|----------------------|--------------------------|--|

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

WHEN APPLYING BRAKES THERE WOULD BE A POPPING NOISE PRESENT, AND BRAKES WOULD LOCK UP. THIS WOULD CAUSE THE VEHICLE TO DRIFT TO THE RIGHT INTO ANOTHER LANE.

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.

| DOT Auto Safety Hotline | | FOR AGENCY USE ONLY 151 | |
|---|---|---|--|
|  U.S. Department of Transportation National Highway Traffic Safety Administration | | Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline | |
| OWNER INFORMATION (Type or Print) | | Date Received 20-MAY-2002 | Od. or rt. dt. _____ od. rt. up. str. _____ Reference No. 8010091 |
| [Redacted] 754725 | | OFFICE DEFECTS INVESTIGATION | Work Number [Redacted] |
| SAN ANGELO TX [Redacted] | | Home Number [Redacted] | |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a signature of owner | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner [Redacted] Date _____ | |
| VEHICLE INFORMATION | | | |
| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year |
| 1G2NE52M9VM553643 | PONTIAC | GRAND AM | 1997 |
| Current Odometer Reading | 50333 | | |
| Purchase Date | Dealer's Name | Engine Size (CID/CCIL) | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Mitchell Toyota-Kia | No. Cylinders _____ | |
| | City San Angelo State TX Zip Code 76904 | | |
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control |
| <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drive Train | Vehicle Type | Body Style | |
| <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util. Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> Other | <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck | |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
| Component | Part Name(s) | Location | Failed Part(s) |
| 03250000 | BRAKES:HYDRAULIC:ANTI-SKID SYSTEM | <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear | <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement ? |
| No. of Failures | Date(s) of Failure(s) | Failed Part(s) | NHTSA Previously |
| 2 that were fixed - numerous others | Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" 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 | Fire | Number of Persons Injured | Number of Fatalities |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Estimated Property Damage | | Reported to Police | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) | | | |
| <p>WHEN APPLYING BRAKES THERE WOULD BE A POPPING NOISE PRESENT, AND BRAKES WOULD LOCK UP. THIS WOULD CAUSE THE VEHICLE TO DRIFT TO THE RIGHT INTO ANOTHER LANE.</p> <p>Also when brakes fail the transmission slips when I try to accelerate causing the car to barely creep along. This has happened at intersections almost causing accidents. We are very concerned with the problem we are having with this car, and are afraid that</p> | | | |
| CONTINUE ON BACK IF NEEDED | | | |
| 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. | | | |

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

Its an accident just waiting to happen. They have apparently made repairs to correct these problems but we are still experiencing the same failures. We are going to take the auto car in for repairs again and hopefully they can correct these problems once and for all. I'm sure they won't be happy to see us but something has to be done.

P.S. - Any advice you can give us to resolve this matter will be greatly appreciated.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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
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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



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

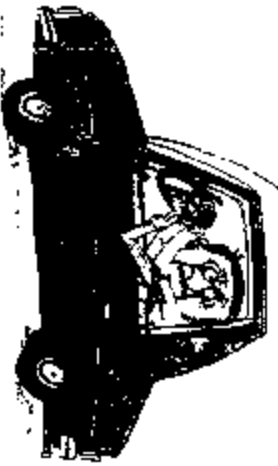
DASH2DOT

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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**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

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