



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** 758

Date Received

13-JUN-2002

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

Reference No.

8011741

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)<br><small>(Location at bottom of<br/>and/or above windshield)</small>        | Vehicle Make  | Vehicle Model  | Vehicle Year   | Current Odometer Reading  |   |   |
| 1G2NE12T4XM730263   | PONTIAC   | GRAND AM   | 1999   |   |   |   |
| Purchase Date<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Used                | Dealer's Name _____<br>City _____ State _____ Zip Code _____                              |  | Engine Size<br>(CID/CC/L) _____<br>No. Cylinders _____                                   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |   |   |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                          | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

|                       |   |  |  |
|-----------------------|---|--|--|
| Component<br>10421000 | Part Name(s)<br>VISUAL SYSTEMS:GLASS:POWER WINDOW DOOR AND SIDE                                     | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Dates of Failure(s) 01-JUN-2002<br>Mileage at Failure(s) 43000<br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Polic<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|---|

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

FRONT PASSENGER WINDOW FELL DOWN ONTO DOOR WHILE DRIVING, ONE WEEK LATER, DRIVER'S WINDOW FELL DOWN. DEALER HAS NOT BEEN CONTACTED.\*AK

CONTINUE 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 758  |  |
|---|--|--|--|
|  U.S. Department of Transportation<br>National Highway Traffic Safety Administration   |  | <b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline   |  |
| OWNER INFORMATION (Type or Print)   |  | Date Received<br>13-JUN-2002   | Od. or rt. dt. or rt.  |
| [Redacted] 758965   |  | OFFICE DEFECTS INVESTIGATION   | Reference No. 0001741  |
| MONROE NC [Redacted]  |  | Work Number  | Home Number  |
| Do you authorize NHTSA to provide a copy in the absence of [Redacted] to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |  | Provide your name and address to the vehicle manufacturer. Date 6/22/02  |  |
| Signature of Owner [Redacted]   |  |  |  |
| VEHICLE INFORMATION   |  |  |  |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)   | Vehicle Make   | Vehicle Model  | Vehicle Year   |
| 1G2NE12T4XM730263   | PONTIAC  | GRAND AM   | 1999   |
| Current Odometer Reading  | 43,700   |  |  |
| Purchase Date   | Dealer's Name  | Engine Size (CID/COIL)   | Turbo Diesel Gas Fuel Injectio   |
| Nov. 30, 1998   | Liberty Pontiac  | No Cylinders 4   | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio   |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used   | City Charlotte State NC Zip Code   |  |  |
| 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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| Drive Train   | Vehicle Type   |  | Body Style   |
| <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel  | <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | <input type="checkbox"/> Sport Utl Truck <input type="checkbox"/> Motorcycle   | <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck |
| FAILED COMPONENT(S)/PART(S) INFORMATION   |  |  |  |
| Component   | Part Name(s)   | Location   | Failed Part(s)   |
| 10121000  | VISUAL SYSTEMS:GLASS:POWER WINDOW DOOR AND SIDE  | <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear  | <input checked="" type="checkbox"/> Original Replacement   |
| No of Failures  | Date(s) of Failure(s)  | Failed Part(s)   | NHTSA Previously   |
|   | 01-JUN-2002<br>Mileage at Failure(s) 43000<br>Vehicle Speed at Failure(s) 45 MPH   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | <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   | Fire   | Number of Persons Injured  | Number of Fatalities   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input 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)   |  |  |  |
| FRONT PASSENGER WINDOW FELL DOWN ONTO DOOR WHILE DRIVING, ONE WEEK LATER, DRIVER'S WINDOW FELL DOWN. DEALER HAS NOT BEEN CONTACTED.*AK<br>Dealer has been contacted (Griffin Motors Monroe)   |  |  |  |
| 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. |  |  |  |