



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

25-JUN-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8012533

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
1G2WP5215VF302742	PONTIAC	GRAND PRIX	1997	
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<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 _____ State _____ Zip Code _____	No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
<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 Bel <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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 10312000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR	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) 29-JUL-2000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 72000		
	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 <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
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

RECALL 99V348000 REPAIRS ON WINDSHIELD WIPERS WAS DONE IN JULY OF 2000, VEHICLE HAS BEEN TAKEN BACK TO DEALER NUMEROUS TIMES. WINDSHIELD WIPERS STOPPED WORKING INTERMITTENTLY.\*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.

U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 758	
OWNER INFORMATION (Type or Print)		Date Reported <b>25 JUN 2002</b>		Od. or rt. dt. od. rt. up. ltr.	
[REDACTED] 760724		OFFICE DEFECTS INVESTIGATION		Reference No. 8012533	
CUMBERLAND RI [REDACTED]		Work Number		Home Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an address to the vehicle manufacturer.					
Signature of Owner		Date <b>7/8/02</b>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G2WP5215VF302742		PONTIAC	GRAND PRIX	1997	72,302
Purchase Date <b>9.23.97</b>		Dealer's Name <b>Lance Pontiac</b>		Engine Size (CID/CC/L) <b>3.8</b>	<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		City <b>Manfield</b> State <b>MA</b> Zip Code <b>02048</b>		No. Cylinders <b>6</b>	<input type="checkbox"/> Fuel Injectio
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
<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 checked="" type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type		Body Style			
<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		<input type="checkbox"/> Sport Utl. Truck <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component <b>10312000</b>	Part Name(s) <b>VISUAL SYSTEMS: WINDSHIELD WIPER: MOTOR</b>		Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No. of Failures <b>(7)</b>	Date(s) of Failure(s) <b>20-01-2000 Failure 11-10-97</b>		Mileage at Failure(s) <b>2000 1263</b>	Vehicle Speed at Failure(s)	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NHTSA Previously Called Manufacturer <b>called manufacturer many times</b>					
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	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>N/A (yet)</b>	<b>none (yet)</b>	<b>N/A</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
RECALL 99V348000 REPAIRS ON WINDSHIELD WIPERS WAS DONE IN JULY OF 2000, VEHICLE HAS BEEN TAKEN BACK TO DEALER NUMEROUS TIMES. WINDSHIELD WIPERS STOPPED WORKING INTERMITTENTLY. *AK					
<b>11-10-97 Wipers Seized - Dealer tightened Nuts</b>					
<b>10-22-98 " - Dealer replaced wipers</b>					
<b>7-29-00 Wiper Seized - Cover - Sealed Wiper Arm Replaced</b>					
<b>12-29-00 Wipers Seized - Adjusted Wiper Crank Arm (over)</b>					
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.					

# VEHICLE OWNER'S QUESTIONNAIRE



**DOT AUTO SAFETY HOTLINE**

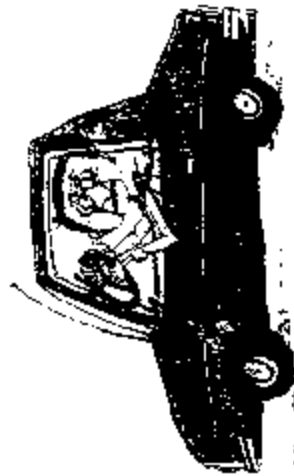
TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**  
1-888-327-4236

DOT Auto Safety Hotline  
(DASH) 2 DOT



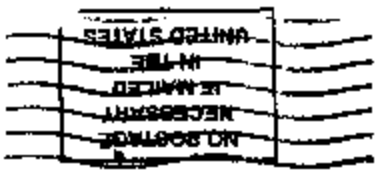
U.S. Department of Transportation  
National Highway Traffic Safety  
Administration  
<http://www.nhtsa.dot.gov/hotline>



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

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO 79173 WASHINGTON, D.C.  
POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

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



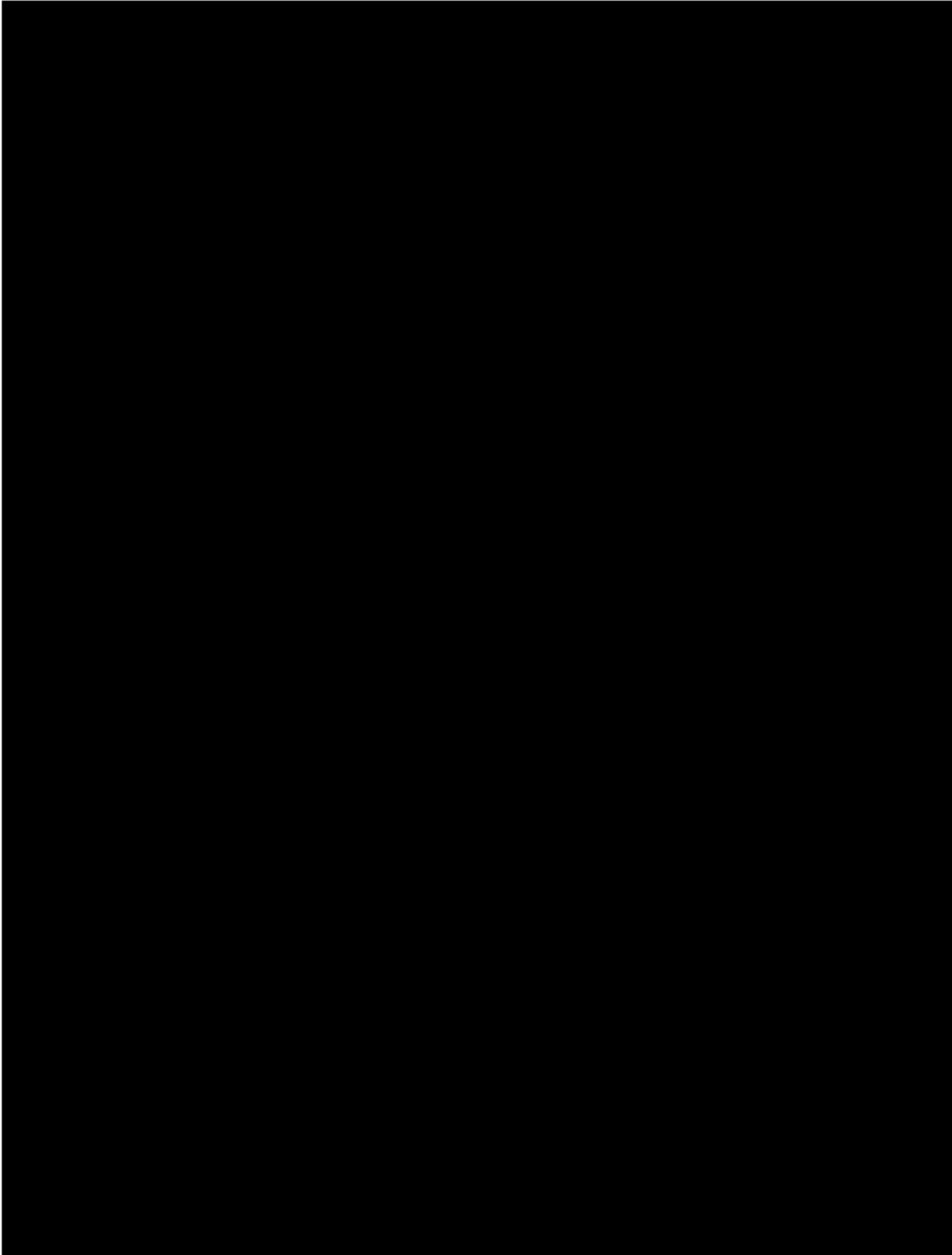
ATTACH ADDITIONAL SHEETS IF NECESSARY

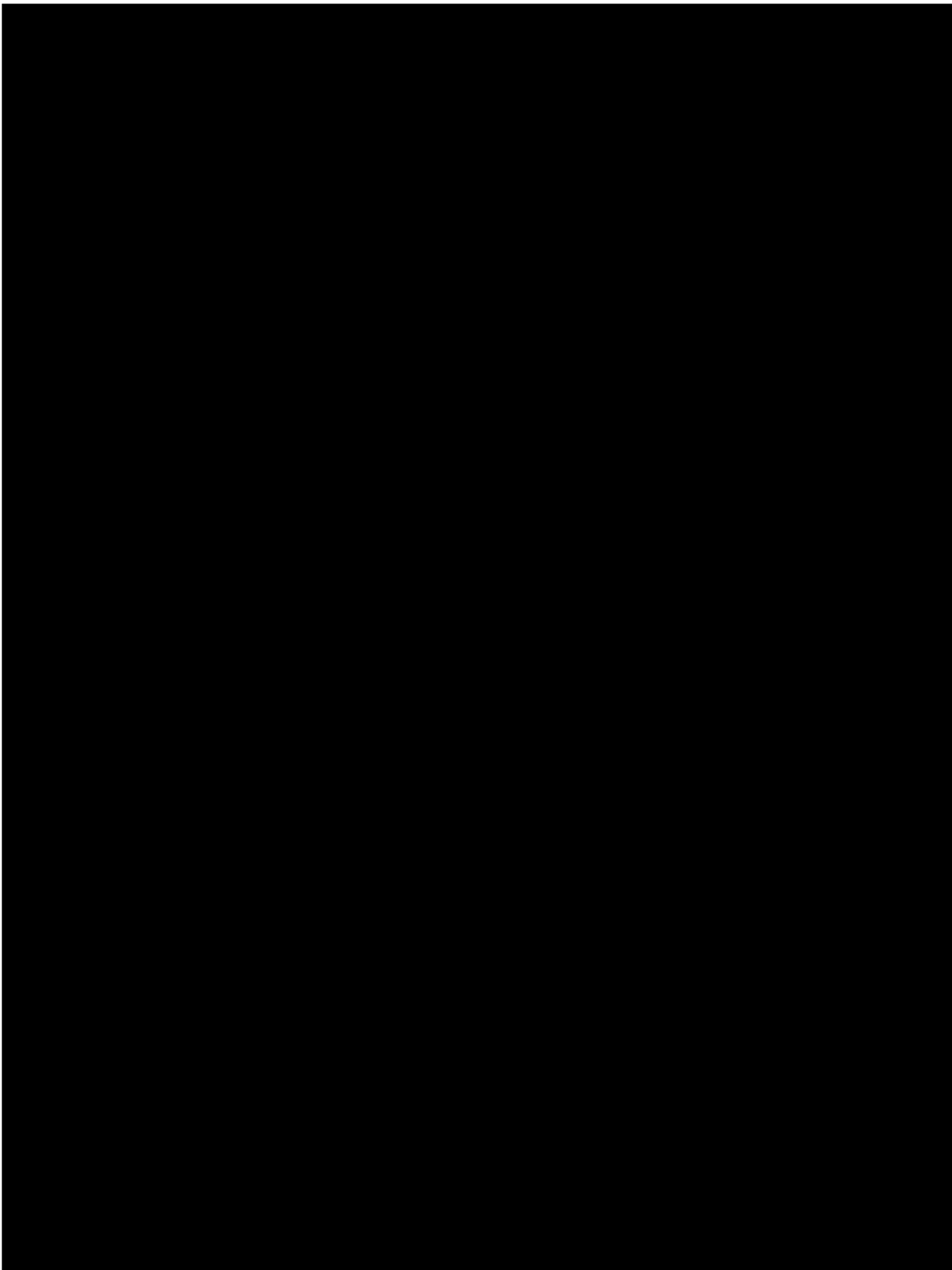
8-11-01 ~~wipers seized~~ - Dealer found no problems  
 10-25-01 ~~wipers seized~~ - Reborn Re-torqued wiper  
 arms  
 6-7-02 wipers seized - Dealer glued NUTS on  
 wiper  
 We have all documentation " that's correct - Dealer  
 of records. glued NUTS!

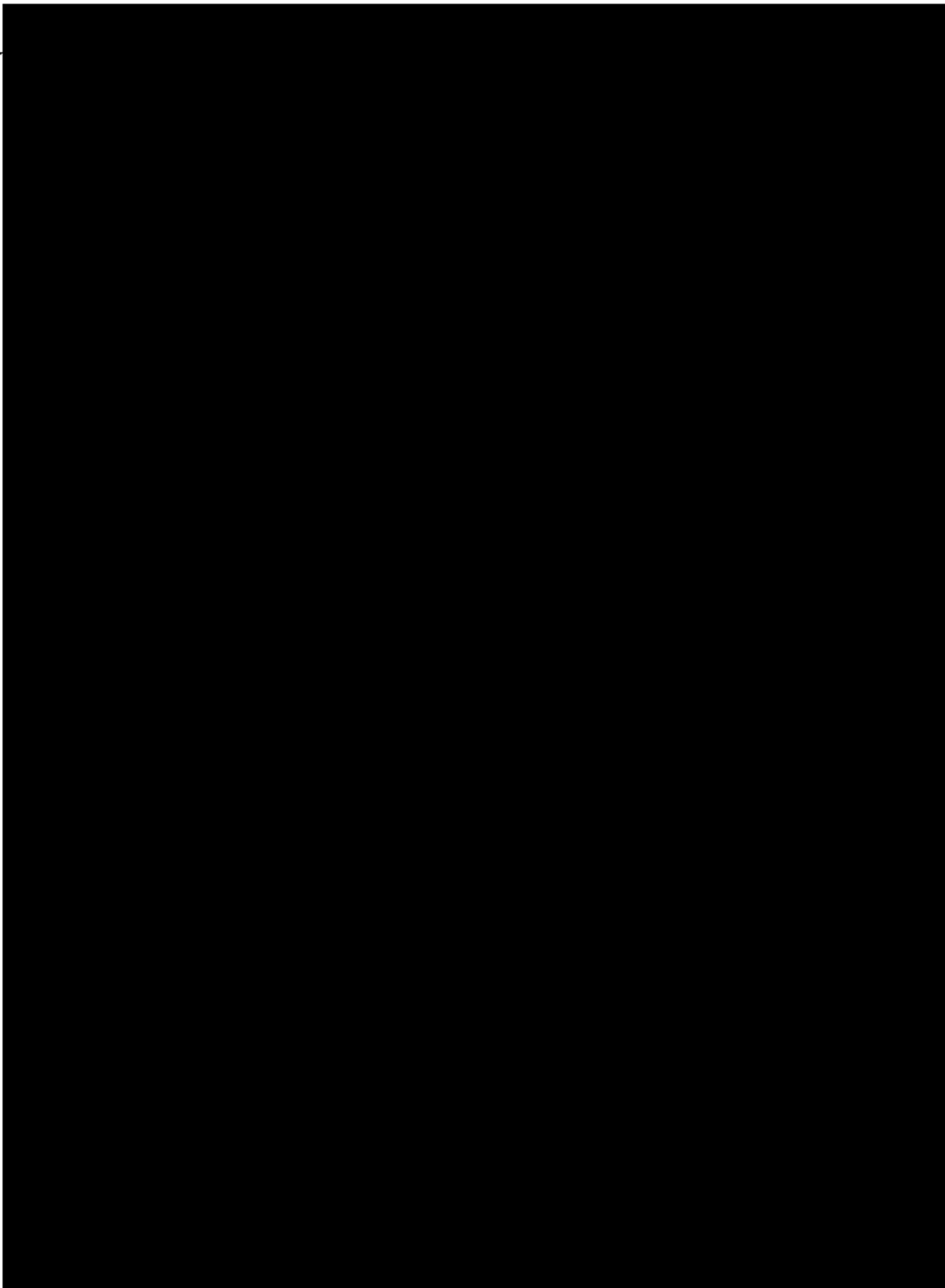
Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

**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)**

*(Page 1 through Page 6)*







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