



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

28-JUN-2002

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

Reference No.

8012887

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		
1G2NE12T8XM825957	PONTIAC	GRAND AM	1999			
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 checked="" 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 checked="" 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 10121000	Part Name(s) VISUAL SYSTEMS:GLASS:POWER WINDOW DOOR AND SIDE	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) 28-JUN-2002 Mileage at Failure(s) 91000 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

DRIVER WINDOW FELL DOWN INTO DOOR WHILE DRIVING, MOTOR HAD TO BE REPLACED.*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.

 DOT Auto Safety Hotline 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		FOR AGENCY USE ONLY 758 Date Received: <u>28 JUN 2002</u> OFFICE DEFECTS INVESTIGATION Reference No. <u>8012887</u> Work Number: _____ Home Number: _____	
OWNER INFORMATION (Type or Print) [Redacted] <u>761537</u> CANTON OH				Signature of Owner: _____ Date: <u>7/8/02</u>	
Do you authorize NHTSA to contact you or your vehicle manufacturer in the absence of an owner's signature? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Name and address to the vehicle manufacturer: _____				VEHICLE INFORMATION	
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <u>1G2NE12T8XM825957</u>		Vehicle Make <u>PONTIAC</u>	Vehicle Model <u>GRAND AM</u>	Vehicle Year <u>1999</u>	Current Odometer Reading _____
Purchase Date <u>July 4, 2000</u>		Dealer's Name <u>FRED MARTIN MOTOR CO.</u>		Engine Size (CID/CC/L) <u>2.6?</u> No. Cylinders <u>4</u>	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		City <u>BARBERTON</u> State <u>OH</u> Zip Code <u>44203</u>		<input type="checkbox"/> Turbo Diesel Gas Fuel Injection <input checked="" type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <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		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component <u>10121000</u>	Part Name(s) <u>VISUAL SYSTEMS: GLASS: POWER WINDOW DOOR AND SIDE</u>		Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <u>1</u>	Date(s) of Failure(s) <u>25 JUN 2002</u>		Mileage at Failure(s) <u>91000</u>	Vehicle Speed at Failure(s) <u>45 mph</u>	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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>N/A</u>	Number of Fatalities <u>N/A</u>	Estimated Property Damage <u>\$218 FOR PART</u> <u>\$462 INSTALLED</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>DRIVER WINDOW FELL DOWN INTO DOOR WHILE DRIVING, MOTOR HAD TO BE REPLACED.*AK</p> <p>NOT ONLY THE MOTOR, BUT THE WHOLE WINDOW ASSEMBLY. THE MOTOR, BY ITSELF, COULD NOT BE BOUGHT. I FOUND IT A CONCERN WHEN 12/20 SCRAP YARDS THAT I CALLED, WERE ACTUALLY ABLE TO TELL ME WHAT I NEEDED. I WOULD STATE THAT I NEEDED A WINDOW REGULATOR FOR A</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)

1999 GRAND AM AND THEY ALL RESPONDED BY SAYING
" DRIVER SIDE 2 DOOR POWER." THEY ALSO STATED THAT
THERE HAS BEEN NUMEROUS ENQUIRIES FOR THIS PART.
I STRONGLY BELIEVE THAT THIS WAS VERY CAPABLE OF
CAUSING AN ACCIDENT. ~~SOME~~ ~~THE~~ THE CABLE ROUN
UP INSIDE THE PULLEY THAT THE MOTOR IS CONNECTED
TO.

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

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

20004 2201 07



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR**

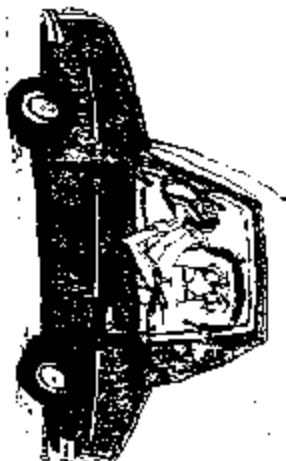
DASH2DOT

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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<http://www.nhtsa.dot.gov/Hotline>