

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 117

Date Received

31-JAN-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

855812

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>(Listed at top of windshield or drivers side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G2NE15D7SM580985 | PONTIAC | GRAND AM | 1995 | |

| | | | |
|---|---------------------------------------|------------------------------|--|
| 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 Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | |

| | | | | | | |
|--|---|---|--|--|--|---|
| Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag | Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle | 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 06300000 | Part Name(s) ELECTRICAL SYSTEM:WIRING | 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 Failures | Date(s) of Failure(s) 28-NOV-1999 Mileage at Failure(s) 61 Vehicle Speed at Failure(s) _____ | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|---------------------------|---|

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

VEHICLE HAD BEEN PARKED. IT CAUGHT FIRE WITHOUT ANY WARNING. FIRED DEPARMENT ARRIVED & PUT FLAMES OUT. INDICATED TO OWNER OF VEHICLE THAT IT WAS AN ELECTRICAL FIRE COMING FROM THE STEERING COLUMN. *AK

CONTINUED ON BACK PLEASE

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.

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Oid_or _____
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Reference No.

855812

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>(Listed at front of windshield or drivers side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G2NE15D7SM580985 | PONTIAC | GRAND AM | 1995 | |

| | | | |
|---|---------------------------------------|------------------------------|--|
| 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 Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | |

| | | | | | | |
|---|--|---|--|---|---|---|
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
| <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | <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 06300000 | Part Name(s) ELECTRICAL SYSTEM:WIRING | 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 Failures | Date(s) of Failure(s) 28-NOV-1999 Mileage at Failure(s) 61 Vehicle Speed at Failure(s) _____ | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|---------------------------|---|

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

VEHICLE HAD BEEN PARKED. IT CAUGHT FIRE WITHOUT ANY WARNING. FIRED DEPARMENT ARRIVED & PUT FLAMES OUT. INDICATED TO OWNER OF VEHICLE THAT IT WAS AN ELECTRICAL FIRE COMING FROM THE STEERING COLUMN. *AK

CONTINUED ON BACK PLEASE

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FOR AGENCY USE ONLY 117

Date Received: FEB 23 AM 5:28
 31 JAN 2000
 OFFICE OF SAFETY INVESTIGATION
 Reference No. 855812

Work Number: [Redacted]
 Home Number: [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of your signature, your name and address to the vehicle manufacturer. YES NO

Signature of Owner: [Redacted] Date: 2/19/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 1G2NE15D7S8M580986
 Vehicle Make: PONTIAC
 Vehicle Model: GRAND AM
 Vehicle Year: 1995
 Current Odometer Reading: 65,000
 67,000

FAILED COMPONENT(S) INFORMATION

Component: 08300000
 Part Name(s): ELECTRICAL SYSTEM: WIRING
 Location: Front Left Right Rear
 Failed Part(s): Original Replacement

Transmission Type: Automatic Manual
 Antilock Brakes: Yes No
 Restrain System: 3-Point Belt Motorbelt 2-Point Belt Passenger-side Airbag
 Cruise Control: Yes No
 Drive Train: Front Rear 4-Wheel
 Vehicle Type: Car Van Minivan Other
 Sport Util. Truck Motorcycle
 Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

No of Failures: 2
 Dates of Failure(s): 28-NOV-1999
 Mileage at Failure(s): 61
 Vehicle Speed at Failure(s): _____

Failed Part(s): Available? Yes No
 NHTSA Previously Contacted? Yes No

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

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

VEHICLE HAD BEEN PARKED. IT CAUGHT FIRE WITHOUT ANY WARNING. FIRED DEPARTMENT ARRIVED & PUT FLAMES OUT. INDICATED TO OWNER OF VEHICLE THAT IT WAS AN ELECTRICAL FIRE COMING FROM THE STEERING COLUMN. AK

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.

January 14, 2000

Linda A. Lineback
2318 Ramon Drive
Sacramento, Ca. 95825
916-925-5360

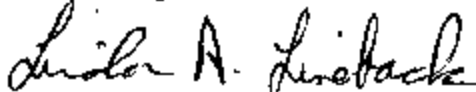
To Whom It May Concern:

At the request of my friend and coworker [REDACTED] I am writing this letter outlining the difficulties I had in having a service concern with my 1996 Pontiac Grand AM diagnosed and corrected.

The vehicle was purchased in May of 1998, in October of that year there were random periods of the car not turning all the way off with the key not being released from the ignition. On 10/28/98 I took the car to Braley & Graham to have the problem addressed. They were unable to duplicate the problem but rerouted a shift quadrant wire harness. The problem seemed resolved at that time. In late July of 1999 it started again and on 8/05/99 the car was returned to Braley & Graham. I was told they were unable to duplicate the problem even though it was happening several times a day when I drove the car. They again rerouted the shift quadrant. The problem remained unresolved and became more frequent. The only way to have the park light go off and the ignition key released was to restart the engine, move the shift quadrant (lever) around and hope for the best. I took the car back to Braley & Graham on 8/19/99 and was basically told to move the shift lever around until the car would turn off. The problem was now happening every time I drove the car. On 9/08/99 I spent fifteen minutes in front of my office trying to shut the car off with no luck. I finally drove the car to Braley & Graham where the problem was finally diagnosed as a failed ignition lock cylinder. There has been no problem since that was replaced.

I hope this will be of assistance to you.

Sincerely



Linda A. Lineback

This is a copy of a letter I have from a co-worker she also has a Grand-AM




GMC

GENERAL MOTORS BUSINESS RESOURCE CENTER

December 22, 1999



RE: File No. 99290637
Vehicle Identification Nbr: 1G2NE15D7SM580985

Dear Ms. 

Thank you for allowing us the opportunity to review the product allegation involving your 1995 Pontiac Grand Am.

Our investigation revealed no evidence to support your product allegation. Therefore, General Motors is unable to assume responsibility for damages and we suggest that you resolve this matter through your insurance carrier.

If you have any further questions you may contact ESIS at the address listed below.

ESIS Unit/Renaissance Center
Mail Code 482 C20 D71
P.O. Box 300
Detroit, MI 48265-30

Respectfully,

Ona M. Johnson
Customer Relationship Manager
Product Allegation Resolution Team
Pontiac/GMC Division
General Motors Corporation

Importance
↓

Investigator came out and took picture only. They did no investigation of parts or nothing only picture. I have a set of picture and you can't tell why the fire started with picture. *Leanna*

To: Pontiac /GMC
P.O. Box 33172
Detroit, MI 48232

From: 

Re: File No. 99290637
Vehicle Identification No. 1G2NE15D7SM580985

To Whom It May Concern:

On November 28, 1999, at 14:37, the Sacramento Fire Department was called to my residence in response to a vehicular fire. I was not at home at the time, but my two neighbors saw smoke coming out of my car window, and my neighbor, John Smith, ran into his house and got a fire extinguisher. By the time he returned to the vehicle, there were flames inside the car. He put the fire out before the fire department arrived. I was told by my neighbors that the Fire department pulled out the dashboard of my vehicle and sprayed inside the vehicle to make sure that the fire from the electrical wiring was put out.

When I arrived home, which was at approximately 5:30 p.m., I immediately called my insurance company. Their offices were closed, so I left a message asking them to return my call first thing in the morning. The following morning I spoke with a Patty from Sterling Casualty Insurance Company. I was referred to Kim at Ed Jensen, the broker. I spoke with Kim and explained about the car fire. She faxed the information I gave her to Sterling Casualty, in Newport Beach, California. I then received a call from a Cherylynn, from Sterling Casualty (800) 272-3922 x 312. She went over the information she had received to confirm that she had all the details correct. She told me that someone would get back with me. A day or two later I received a call from Maria with Rosebaker Towing (800) 869-7762. She called to set up a date to have my car towed for inspection by Sterling Casualty. I told her I needed to talk with someone from GMAC first to have them come out and look at my car since I was not even driving the car when the fire occurred. I talked to a Steve, at GMAC, who was with product allegations. I was told by Steve that I would get a call back within 24 hours. I received a call from a Bob Lewis, an independent inspector. He made an appointment to come to my house to see my car. When he arrived he took pictures of my vehicle and nothing more. I then made arrangements with Rosebaker Towing to have them tow my car for inspection by Sterling Casualty, my insurance company.

On December 28, 1999, I received a call from a Richard, a total loss adjuster from Sterling Casualty, stating their findings of their investigation. He came up with the following figures: \$7,430 plus taxes, the registration left from my car, \$52, and the DMV transfer \$10, which totals \$8,067.83. They are taking out of that amount \$500 for my deductible, leaving me with \$7,567.83. The amount due left on my automobile loan

The amount due on my loan is \$7,772.63. This means that the amount of their settlement does not even cover the amount of my loan. I have been without any transportation since this car fire.

My proposed solution is that GMAC cover my insurance deductible, which is \$500, pay for my transportation loss since the fire; pay for my personal belongings which were in my car at the time of the fire--my camera, leather coat, tapes; compensation for one day's pay of work, due to the stress over the fire and loss of my vehicle.

I can not begin to tell you the hours I have spent on trying to resolve this matter. The thing I find so upsetting is that I am taking a total loss on a car that I have paid on since May of 1995. My car was not even being driven at the time of the fire. I feel that GMAC should have at least done a more thorough investigation of this fire. they simply took pictures, as did I. They did no technical investigation of any type to find the cause of the fire, when it was obviously some type of faulty wiring.

I would appreciate your settling this matter as soon as possible. Hopefully we can settle this matter as soon as possible with out going to court.

Thank you for your cooperation in this matter.





U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Dear Consumer:

As a result of your recent inquiry to the National Highway Traffic Safety Administration's Auto Safety Hotline, we developed the enclosed Vehicle Owner's Questionnaire. Please review the form and supply any additional information you have that you believe is relevant to your safety problem(s). You may also include copies of repair bills, letters to manufacturers, or any other documents related to the problem(s).

Please complete the questionnaire, fold, staple, or tape it so that the pre-addressed portion is on the outside.

We will share this information with the appropriate manufacturer may help resolve your problem(s). It is helpful to be thorough in your report so that our ability to use your information will be maximized. It is not necessary to complete all boxes if you are not sure of the information. It is very difficult to pursue complaints unless the Vehicle Identification Number (VIN) is known, and when reporting a tire problem, the DOT Identification is needed. The VIN is located inside the vehicle adjacent to the left of the windshield pillar (driver's side). The tire identification number contains 7 to 11 characters and is preceded by the letters "DOT" on the tire between the maximum width section and the bead, usually near the rim flange on the opposite side of the whitewall or on either side of a blackwall tire.

Any information you provide on this questionnaire is ENTIRELY VOLUNTARY. There is NO CONSEQUENCE or PENALTY of any kind if you DO NOT wish to provide it. We seek this information so that this agency can help you and other owners with similar problems and to allow us to combine this information with similar owner reports to develop both statistical and investigatory evidence which will help identify potential safety-related problems in motor vehicles or items of motor vehicle equipment.

Sincerely,

Information Management Branch
Auto Safety Hotline

2 Enclosures:
Self-addressed Questionnaire
Auto Safety Hotline Pamphlet



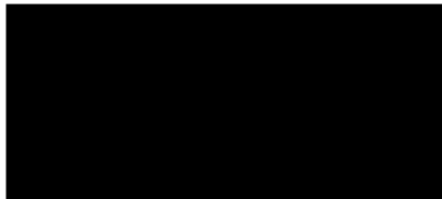
AUTO SAFETY HOTLINE
(800) 424-9993
Wash. D.C. Area 366-0123



REGISTRATION CARD VALID FROM: 05/28/1999 TO: 05/28/2000

| | | | | | | | |
|------------------|----------|-------------|-----------|--------------|----------|----------|------------------------|
| MAKE | YR MODEL | YR 1ST SOLD | VLF CLASS | *YR | TYPE VEH | TYPE LIC | LICENSE NUMBER |
| PONT | 1995 | 1995 | CA | 1998 | 120 | 11 | 3MIW034 |
| BODY TYPE MODEL | MP | NO | | | | | VEHICLE ID NUMBER |
| CP | G | ET | | | | | 162NE15D7SM580985 |
| TYPE VEHICLE USE | | DATE ISSUED | CC/ALCO | DT FEE RECVD | PIC | | STICKER ISSUED |
| AUTOMOBILE | | 06/01/99 | 34 | 06/01/99 | 8 | | D5085383 |
| | | | | | | | PR EXP DATE: 05/28/199 |
| | | | | | | | AMOUNT PAID |
| | | | | | | | \$ 156.00 |

REGISTERED OWNER



| | |
|------------|---------------|
| AMOUNT DUE | AMOUNT RECVD |
| \$ 156.00 | CASH : |
| | CHCK : |
| | CRDT : 156.00 |

LIENHOLDER

GMAC
PO BX 8128

COCKEYSVILLE

MD 21030

H01 628 12 0015600 8025 CS H01 060199 11 3MIW034 985

Sterling Casualty Insurance Company

December 1, 1999

*CNIBD
12/6/99
Report in Mail
TOW Inspection
Name & Number*

RE: Our Insured : [REDACTED]
Our Claim Number : 535310
Date of Loss : *11/28/99

Dear Ms. [REDACTED]

Section 2695.7 of the California Fair Claim Settlement Practices Regulations requires us to advise you that we are not yet able to accept or deny your claim. We will continue to investigate this claim until such time as a reasonable determination of liability and/or damages can be made.

Please note that while our investigation is in progress, you have a duty to mitigate your damages.

We are still attempting to obtain clarification of the facts of the loss and/or nature & severity of the injuries & damages sustained. We have requested information which we believe will assist us in clarifying these issues which has not yet been made available.

We still need to verify that your vehicle has been inspected by GMAC. Once they have inspected your vehicle, please let us know so that we may pick up your vehicle to begin the process of settling the total loss. Please provide us with the representative's name and telephone number from GMAC so that we may be kept apprised of the current status of the evaluation of your vehicle. You may also provide them with our information so that they may contact us directly. We also need your accident report form to verify any details that you may have regarding the loss.

We hope to make a final decision on your claim within 30 calendar days. If we are unable to do so, we will advise you further. In the event you have any questions, please contact the undersigned.

Sincerely,
Sterling Casualty Insurance

[Signature]
Sheryl A. Guillot
Claims Examiner

Sterling Casualty Insurance Company

December 8, 1999

[REDACTED]

RE: Our Insured : [REDACTED]
Date of Loss : 11/28/99
Claim Number : 535310

Dear Ms. Williams:

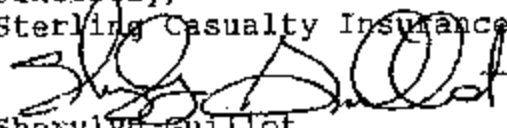
After careful consideration, we must inform you that we are denying a portion of your claim. This partial denial is based upon the following reason(s):

This is an auto insurance policy. It affords coverage for your vehicle only, not for personal property damaged in the loss.

If you have additional information that might have a bearing on our decision, please contact me. In addition, you may have this matter reviewed by the California Department of Insurance if you believe your claim has been wrongly denied or rejected. You may contact the Department of Insurance at:

California Department of Insurance, Claims Services Bureau
300 S. Spring Street 9th Floor
Los Angeles, Ca 90013
Call for Los Angeles Area Codes 213/310 and 818
Dial 1-213-897-8921

Sincerely,
Sterling Casualty Insurance


Sherylyn Guillot
Claims Examiner

/

cc: file copy