

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 118

Date Received

04-FEB-2000

Oid\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

856239

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
1G2NE5287XC577036	PONTIAC	GRAND AM	1999	

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 checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input 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 03273000	Part Name(s) BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB	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
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No. of Failures	Date(s) of Failure(s) 09-SEP-1999 Mileage at Failure(s) 3000 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
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## 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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS TAKEN TO THE DEALERSHIP BECAUSE THE BRAKES WERE MAKING A TERRIBLE GRINDING NOISE. ROTORS WERE TURNED ONCE AT 3,000 MILES, AND REPLACED AT 11,000 MILES. AT 12,200 MILES, BRAKES ARE MAKING A TERRIBLE NOSIE LIKE ONCE BEFORE. VEHICLE WILL BE TAKEN TO THE DEALERSHIP. PLEASE PROVIDE ANY FURTHER INFORMATION.\*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.

 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire (VOQ)</b>          U.S. Department of Transportation          National Highway Traffic Safety Administration          NATIONALWIDE 1-888-DASH-2-DOT          1-888-327-4236          www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY 118</b></p> <p>Date Rec'd: <u>04-FEB-2000</u>          OFFICE OF PUBLIC SAFETY INVESTIGATION</p> <p>Od_or _____          rt_at _____          od_rl _____          up_itr _____</p> <p>Reference No.  <b>856239</b></p> <p>Work Number _____          Home Number _____</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>[Redacted Name and Address]</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 01/24/00

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>1G2NE5287XC577036</b>	Vehicle Make <b>PONTIAC</b>	Vehicle Model <b>GRAND AM</b>	Vehicle Year <b>1999</b>	Current Odometer Reading <b>17,200</b>	
Purchase Date <b>8-99</b>	Dealer's Name <u>Marina Motors Auto Mall</u>		Engine Size (CID/CC/L) <u>3.4</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Carroll</u> State <u>Ky.</u> Zip Code <u>40109</u>	No Cylinders <u>6</u>			
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 type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input 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 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 checked="" 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 <b>03273000</b>	Part Name(s) <b>BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB</b>	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>09-27-1999 1-7-00 2-9-00 3-3-00</u> Mileage at Failure(s) <u>3000 10916 12,211 15,596</u> Vehicle Speed at Failure(s) <u>20-1</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" 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 WAS TAKEN TO THE DEALERSHIP BECAUSE THE BRAKES WERE MAKING A TERRIBLE GRINDING NOISE. ROTORS WERE TURNED ONCE AT 3,000 MILES, AND REPLACED AT 11,000 MILES. AT 12,200 MILES, BRAKES ARE MAKING A TERRIBLE NOSIE LIKE ONCE BEFORE. VEHICLE WILL BE TAKEN TO THE DEALERSHIP. PLEASE PROVIDE ANY FURTHER INFORMATION.\*AK**

