

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 252

Date Received

02-MAR-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

857838

 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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G2NE5233XM762968	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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 12130000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS	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) 27-JAN-2000 Mileage at Failure(s) 16000 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 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER WAS STOPPED FOR SCHOOL BUS, AND SMASHED INTO A VEHICLE IN FRONT OF HIM. UPON IMPACT, DRIVER'S SIDE AIR BAG FAILED TO DEPLOY. *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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 252</p>	
	<p>DATE RECEIVED: MAR 27 11 08 AM 2000</p> <p>OFFICE DEFECTS INVESTIGATION</p>	<p>Od. or rt. dt. _____</p> <p>od. rt. up. rt. _____</p> <p>Reference No. 857838</p>	<p>Work Number _____</p> <p>Home Number _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 593422</p>		<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA will send address to the vehicle manufacturer.</p> <p>Signature of Owner: [Redacted] Date: 03/19/00</p>	

<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA will send address to the vehicle manufacturer.</p> <p>Signature of Owner: [Redacted] Date: 03/19/00</p>				
<p>VEHICLE INFORMATION</p>				
<p>Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small></p> <p>1G2NE5233XM762968</p>	<p>Vehicle Make</p> <p>PONTIAC</p>	<p>Vehicle Model</p> <p>GRAND AM</p>	<p>Vehicle Year</p> <p>1999</p>	<p>Current Odometer Reading</p> <p>110000</p>
<p>Purchase Date</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>Dealer's Name Bill Sullivan Pontiac</p> <p>City Andover State Fl. Zip Code 32007</p>	<p>Engine Size (CID/CC) _____</p> <p>No. Cylinders 4</p> <p><input type="checkbox"/> Turbo Diesel Gas Fuel Injection</p>	<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p> <p>Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p> <p><input type="checkbox"/> Passengerside Airbag</p>	
<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Drive Train</p> <p><input checked="" type="checkbox"/> Front Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utr <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p>Body Style</p> <p><input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p>

<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>			
<p>Component 12130008</p>	<p>Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: BELTS</p>	<p>Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures Multiple</p>	<p>Date(s) of Failure(s) JAN 26, 2000</p> <p>Mileage at Failure(s) 18000</p> <p>Vehicle Speed at Failure(s) 115 MPH</p>	<p>Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

<p>APPLICATION INCIDENT INFORMATION</p> <p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 1</p>	<p>Number of Fatalities 0</p>	<p>Estimated Property Damage \$18,200</p>	<p>Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

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

~~CONSUMER WAS STOPPED FOR SCHOOL BUS, AND SMASHED INTO A VEHICLE IN FRONT OF HIM, UPON IMPACT, DRIVER'S SIDE AIR BAG FAILED TO DEPLOY.~~

CONSUMER WAS STOPPED FOR A SCHOOL BUS, A PONTIAC WAS ALSO STOPPED FOR THE SCHOOL BUS AHEAD OF THE GRAND AM. ABOUT 400 FT AN OLDSMOBILE FRONTIER + "LEAN WAGON" THE GRAND AM HIT ABOUT 40 MPH. THE SEAT BELT RESTRAINT SYSTEM FAILED RESULTING IN INJURY.

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↓ The Grand Am Began to skid into the Pontiac. The car was "totaled".