

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 156

Date Received

07-JUL-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

865050

 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
1G2NE12E5XM825836	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 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 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 01000000	Part Name(s) STEERING	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 22-MAY-2000 Mileage at Failure(s) 22 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 checked="" type="checkbox"/> Yes <input 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)

WHILE DRIVING VEHICLE STEERS TO THE RIGHT UNEXPECTEDLY, CAUSING A CRASH. PLEASE PROVIDE FURTHER INFORMATION.*AK

CONTINUED ON BACK (REVERSE)

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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FOR AGENCY USE ONLY 156

Date Received 07-JUL-2000
Office DEFECTS INVESTIGATION
Case No. 865050

OWNER INFORMATION (Type or Print)

[Redacted] 9355
[Redacted]
[Redacted]

Work Number NA
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 a signature and address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 8/8/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1G2NE12E5XM825836 (located on front of windshield on driver's side)
Vehicle Make PONTIAC Vehicle Model GRAND AM Vehicle Year 1999 Current Odometer Reading 22,500

Purchase Date Nov. 1999 Dealer's Name Lewis Olds Engine Size (CID/CC/L) 6 Turbo
 New Used City Crystal City State Mo Zip Code _____ Diesel
No. Cylinders 6 Gas Fuel Injection

Transmission Type Manual Automatic Antilock Brakes Yes No
Restraint System 3-Point Belt Motorbelt Driverside Airbag 2-Point Belt Passengerside Airbag
Cruise Control Yes No Drive Train Front Rear 4-Wheel
Vehicle Type Car Sport Utility Truck Van Motorcycle M-ivan Other _____
Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01000300 Part Name(s) STEERING - caused by separated rear lateral link bolt Location Left Right Front Rear
Failed Part(s) Original Replacement

No. of Failures _____ Date(s) of Failure(s) 22-MAY-2000 Mileage at Failure(s) 22,500 Vehicle Speed at Failure(s) 40-45 MPH
Failed Part(s) Available? Yes No NHTSA Previously Contacted? Yes 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 Yes No Fire Yes No Number of Persons Injured one Number of Fatalities None Estimated Property Damage \$14,000 Reported to Police Yes No

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

WHILE DRIVING VEHICLE STEERS TO THE RIGHT UNEXPECTEDLY, CAUSING A CRASH. PLEASE PROVIDE FURTHER INFORMATION.*AK
Rear lateral link bolt separated causing left outward movement of left rear wheel. Corrections to control right pull worked left rear wheel back & forth & bolt separated. The vehicle lost control, went airborne, nosedived, flipped & slid on its top.

CONTINUE ON BACK IF NEEDED

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OWNER INFORMATION (Type or Print)				Work Number <u>NA</u> Home Number			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Signature of Owner				Date <u>8/8/2000</u>			
VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle make	Vehicle Model	Vehicle Year	Current Odometer Reading		
<u>1G2NE12E5XM826836</u>		<u>PONTIAC</u>	<u>GRAND AM</u>	<u>1999</u>	<u>22,500</u>		
Purchase Date <u>Nov. 1999</u>		Dealer's Name <u>Lewis Olds</u>		Engine Size (CID/CYL) <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		City <u>Crystal City</u> State <u>Mo</u> Zip Code		No Cylinders <u>6</u>			
Transmission Type <input type="checkbox"/> Manual <input checked="" 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"/> Motorbelt <input checked="" 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 checked="" 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 <u>01600990</u>	Part Name(s) <u>STEERING rear lateral link bolt</u>		Location <input checked="" type="checkbox"/> Left Front <input type="checkbox"/> Right Front <input checked="" type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		
No of Failures	Date(s) of Failure(s) <u>22 MAY 2000</u> Mileage at Failure(s) <u>22,500</u> Vehicle Speed at Failure(s) <u>40-45 MPH</u>		Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>one</u>	Number of Fatalities <u>None</u>	Estimated Property Damage <u>\$14,000</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)							
<p>WHILE DRIVING VEHICLE STEERS TO THE RIGHT UNEXPECTEDLY, CAUSING A CRASH. PLEASE PROVIDE FURTHER INFORMATION.*AK</p> <p><u>Rear lateral link bolt separated causing left outward movement of left rear wheel. Corrections to control right pull worked left rear wheel back & forth & bolt separated. The vehicle lost control, went airborne, nosedived, flipped & slid on its top.</u></p>							
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