

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 119

Date Received

23-AUG-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

868370

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G2NE52TOVM534745	PONTIAC	GRAND AM	1997	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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 type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflation Bell <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 Util Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <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"/> 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) _____ Mileage at Failure(s) 26 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes 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)

COOLANT IS LEAKING ONTO THE RACK AND PINION DETERIORATING THE RACK AND PINION MAKING IT VERY DIFFICULT TO STEER THE VEHICLE WHEN MAKING A TURN ALSO THERE IS ALOT OF PLAY IN THE STEERING WHEEL AND NOISE WHEN TURNING. POWER STEERING HOSE HAS GONE BAD. CONSUMER HAS CONTACTED THE DEALER. PLEASE PROVIDE ANY FURTHER DETAILS.

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 118 Date Received 01 SEP 18 PM 4:16 23-AUG-2000 OFFICE DEFECTS INVESTIGATION	
U.S. Department of Transportation National Highway Traffic Safety Administration		Od_or _____ rt_dt _____ od_rt _____ up_nr _____ Reference No. 868370	
OWNER INFORMATION (Type or Print) [Redacted] 629456		Work Number [Redacted] Home Number [Redacted]	
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 In the absence of an authorized representative, provide your name and address to the vehicle manufacturer. Signature of Owner [Redacted] Date 9/11/00			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G2NE52TOVM534745	Vehicle Make PONTIAC	Vehicle Model GRAND AM	Vehicle Year 1997
Current Odometer Reading 23,500.		Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	
Dealer's Name <u>Marina Motor Co.</u> City <u>Capitola</u> State <u>Ca.</u> Zip Code <u>95010</u>		Engine Size (CID/CC/L) _____ No. Cylinders <u>4</u> <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
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 type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>acc</i>
Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <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 01330000	Part Name(s) STEERING: POWER ASSIST: HOSE: FLUID <i>(hi & lo pressure hoses) (both)</i> Water pump Rack and Pinion	Location <input checked="" 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 type="checkbox"/> Replacement
No of Failures total - 4	Date(s) of Failure(s) <u>4/00 6/00 9/00</u> Mileage at Failure(s) <u>23,500</u> Vehicle Speed at Failure(s) _____	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)			
COOLANT IS LEAKING ONTO RACK AND PINION, DETERIORATING THE RACK AND PINION, AND MAKING IT VERY DIFFICULT TO STEER VEHICLE WHEN MAKING A TURN. ALSO, THERE IS ALOT OF PLAY IN THE STEERING WHEEL AND NOISE WHEN TURNING. POWER STEERING HOSE HAS GONE BAD. CONSUMER HAS CONTACTED DEALER. PLEASE PROVIDE ANY FURTHER DETAILS.*AK One day before a scheduled oil change, I noted noise & stiffness on turning steering wheel. Mechanic said power steering hose was leaking slowly. He refilled PS fluid, which was low. I then took car to an independent mechanic who reported, in addition to PS leak, a badly leaking water pump. I then took it to the dealer.			
CONTINUE ON BACK IF NEEDED			
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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

and Marina Motors Automotive Repair section said yes, \$5 hose leaks, water pump leaks AND damaged rack & pinion existed. I asked for a warranty exception, as it expired in May, 2000, and car had only 23,000 mi on it. They declined & after lots of stress & haggling made a "good will" offer of asking \$500.00 of me for labor only. (I talked with corporate office, an attorney, service dept. manager, and general manager) I finally agreed to it, so that my car was safe to operate again (I needed it for transpo). This haggling process took 1 1/2 hrs!

Earlier, I had replaced my front brake shoes at 19,000 mi. (I drive on only flat terrain in a small town) Rotors were also turned. So, in less than 23,000 mi of use, this Pontiac was falling apart bit by bit. It is now making a "thumping" sound in the front brakes again, so I'll have to have it looked at. I am a conservative driver. This car is a lemon & unsafe, I feel. I wonder what will happen next?

P.S.: I'm also noticing a "burning" smell from the engine lately!

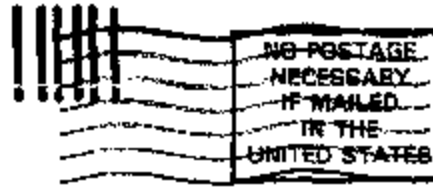
9-11-00
hsc

☆ U.S. G.P.O.: 1982 - 622-867 / 62286

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



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U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
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