

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

24-AUG-2000

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

Reference No.

868523

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.)<br><small>(located at bottom of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|--|--------------|---------------|--------------|--------------------------|
| 1G2NV12E1YM836351  | PONTIAC      | GRAND AM      | 2000         |                          |

|   |                                       |                             |   |
|---|---------------------------------------|-----------------------------|---|
| Purchase Date   | Dealer's Name _____                   | Engine Size (CID/CCL) _____ | <input type="checkbox"/> Turbo          |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____         | <input type="checkbox"/> Diesel         |
|   |                                       |                             | <input type="checkbox"/> Gas            |
|   |                                       |                             | <input type="checkbox"/> Fuel Injection |

| Transmission Type   | Antilock Brakes  | Restraint System   | Cruise Control   | Drive Train   | Vehicle Type   | Body Style   |
|---|--|--|--|---|--|--|
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driver Side Airbag<br><input type="checkbox"/> Passenger Side Airbag<br><input type="checkbox"/> Inflator Bell<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | <input type="checkbox"/> Sport Util Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Station Wagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Component            | Part Name(s)   | Location   | Failed Part(s)  |
|----------------------|--|--|---|
| 03250000<br>03280000 | BRAKES:HYDRAULIC/ANTI-SKID SYSTEM<br>BRAKES:WARNING SYSTEM | <input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | <input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |

| No. of Failures | Date(s) of Failure(s) | Mileage at Failure(s) | Vehicle Speed at Failure(s) | Failed Part(s) Available?                                | NHTSA Previously Contacted?                              |
|-----------------|-----------------------|-----------------------|-----------------------------|--|--|
|                 | 24-MAY-2000           | 908                   |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <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   | Fire  | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police  |
|---|---|---------------------------|----------------------|---------------------------|---|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                           |                      |                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

INTERMITTENTLY UPON STARTING THE VEHICLE ABS WARNING LIGHT AND BRAKE LIGHT WOULD COME ON AND REMAIN ON. WHEN APPLYING BRAKES, BRAKES DID NOT RESPOND IN A NORMAL MANNER, AND DRIVER WOULD HAVE TO PRESS ON THE PEDAL EXTREMELY HARD. VEHICLE WAS TAKEN TO DEALERSHIP. DEALER WAS NOT ABLE TO DUPLICATE THIS PROBLEM RIGHT AWAY. FINALLY, CONTROL MODULE WAS REPLACED WHICH SEEMED TO CORRECT THE PROBLEM. \*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.