

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 150

Data Received

07-SEP-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

869900

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 |
| | PONTIAC | GRAND PRIX | 1997 | |

| | | | |
|---|---------------------------------------|------------------------------|--|
| 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 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 checked="" type="checkbox"/> Yes <input 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 01400000 | Part Name(s) STEERING:GEAR:RACK AND PINION | 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 |
|-----------------------|---|--|---|

| | | | |
|-----------------|---|---|---|
| No. of Failures | Date(s) of Failure(s) _____ Mileage at Failure(s) 52000 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 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)

RACK AND PINION STEERING COMPLETELY BROKE AND FROZE WHILE DRIVING AND MAKING A LEFT HAND TURN. CONSUMER WAS ABLE TO GET OUT OF THE POSITION BY JERKING STEERING REAL HARD. CAUSE WAS UNKNOWN. MINUTES PRIOR TO INCIDENT, CONSUMER HEARD A POPPING NOISE. *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.



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| FOR AGENCY USE ONLY 160 | |
|--|--------------------------|
| Date Received: 09 OCT 16 PM 12:07-SEP-2000 | Office: DEFECTS INVESTIG |
| Reference No. 869900 | Work Num: [REDACTED] |
| Home Num: [REDACTED] | |

OWNER INFORMATION (Type or Print)

[REDACTED] 635446

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of a signature, this report is the property of the manufacturer.

Signature of Owner: [REDACTED] Date: 10/3/02

| | | | | |
|-------------------------------------|-----------------------|---------------------------|--------------------|--------------------------------------|
| Vehicle Ident. No. (VIN) [REDACTED] | Vehicle Make: PONTIAC | Vehicle Model: GRAND PRIX | Vehicle Year: 1997 | Current Odometer Reading: [REDACTED] |
|-------------------------------------|-----------------------|---------------------------|--------------------|--------------------------------------|

Purchase Date: [REDACTED]

Dealer's Name: MCNAMARA PONTIAC-ISUZU

City: ORLANDO State: FL Zip Code: [REDACTED]

Engine Size (CID/CC/L): [REDACTED] Turbo Diesel Gas Fuel Injectio

New Used

| | | | | | | |
|--|--|---|---|---|--|---|
| Transmission Type: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual | 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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | Body Style: <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck |
|--|--|---|---|---|--|---|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|---------------------|---|--|--|
| Component: 01400600 | Part Name(s): STEERING:GEAR:RACK AND PINION | 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 type="checkbox"/> Replacemen |
| No of Failures: ONE | Date(s) of Failure(s): [REDACTED] Mileage at Failure(s): 52000 Vehicle Speed at Failure(s): 10 M.P.H. | Failed Part(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously: <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured: NONE | Number of Fatalities: NONE | Estimated Property Damag: \$1500.00 TO REPLACE THE RACK & PIN. SYS | Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------------|----------------------------|--|---|

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CONTINUE ON BACK IF NEEDED

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