

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-SEP-2000

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

Reference No.

871750

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
1G2NESSDXSC772673	PONTIAC	GRAND AM	1995	

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 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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertial Belt <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	Part Name(s)	Location	Failed Part(s)
08000000	ELECTRICAL SYSTEM	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <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?
		93		<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)

PARENT WAS PLACING THE CHILD IN THE VEHICLE, WHEN THE PARENT WAS EXITING THE VEHICLE THE CONSUMER KEYS SOMEHOW FELL DOWN INSIDE THE VEHICLE, CONSUMER CLOSED THE DOOR BY THE DOOR HANDLE AFTER CLOSING THE DOOR THE DOORS AUTOMATICALLY LOCKED TRAPPING THE CHILD INSIDE THE VEHICLE. CONSUMER WAS ALSO INVOLVED IN A FRONTAL CRASH AT 15-20 MPH IN WHICH THE DRIVER SIDE AIR BAG DID NOT DEPLOY AND THE SEAT BELTS DID NOT LOCK IN PLACE, CAUSING THE DRIVER TO BE FORCED FORWARD. 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.

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U.S. Department of Transportation



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#### OWNER INFORMATION (Type or Print)

642978

Reference No. 871790

FOR AGENCY USE ONLY 119

Date Received

28-SEP-2000

Reference No. 871790

871790

Reference No. 871790

871790

Home Number

Work Number

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

1995

Vehicle Year

Vehicle Model

Vehicle Make

Vehicle Ident. No. (VIN)

1G2NESHX5C772673

PONTIAC

GRAND AM

Vehicle Year

Vehicle Model

Vehicle Make

Vehicle Ident. No. (VIN)

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#### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of window or driver's side)

Vehicle Make

Vehicle Model

Vehicle Year

Current Odometer Reading

Purchase Date

11-96

Dealer's Name

Tobaccoville Motors

City

State

Zip Code

Transmission Type

Automatic

Antilock Brakes

Restraint System

3-Point Belt

Driver's Side Airbag

Motorcyclist

Passenger's Side Airbag

Cruise Control

Drive Train

Front

Rear

4-Wheel

Vehicle Type

Car

Van

Minivan

Motorcycle

Body Style

2-Door

4-Door

Station Wagon

Pick Up Truck

Other

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

Component

16130000

12112200

12260000

Pat Name(s)

EQUIPMENT: ELECTRIC POWER ACCESSORIES; LOCKS; DOOR

INTERIOR SYSTEMS; PASSIVE RESTRAINTS; AIR BAG; SIDE DOOR;

INTERIOR SYSTEMS; ACTIVE RESTRAINTS; BELT BUCKLES

Location

Left

Right

Failed Part(s)

Original

Replacement

No of Failures

1

Date(s) of Failure(s)

2-13-97

Mileage at Failure(s)

1598

Vehicle Speed at Failure(s)

16 mph

Failed Part(s) Available?

Yes

Failed Part(s) Contacted?

Yes

No

Crash

Yes

Fire

Number of Persons Injured

2

Number of Fatalities

0

Estimated Property Damage

0

#### 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

Fire

Number of Persons Injured

2

Number of Fatalities

0

Estimated Property Damage

0

Reports to Police

Yes

No

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

PARENT WAS PLACING CHILD IN VEHICLE, WHEN PARENT WAS EXITING VEHICLE CONSUMER'S KEYS

SOMEHOW FELL DOWN INSIDE VEHICLE. CONSUMER CLOSED DOOR WITH DOOR HANDLE. AFTER

CLOSING DOOR, THE DOORS AUTOMATICALLY LOCKED, TRAPPING THE CHILD INSIDE VEHICLE.

CONSUMER WAS ALSO INVOLVED IN A FRONTAL CRASH AT 15-20 MPH IN WHICH DRIVER'S SIDE AIR

BAG DID NOT DEPLOY, AND SEAT BELTS DID NOT LOCK IN PLACE, CAUSING DRIVER TO BE FORCED

FORWARD. CONSUMER HAS CONTACTED DEALER. PLEASE PROVIDE ANY FURTHER DETAILS. \*AK

CONTACT ON BACK OF FORM

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