



**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 294 |  |
|-------------------------|--|
| Data Received           | Ocl_or _____<br>rt_dt _____<br>od_rt _____<br>up_ltr _____ |
| 31-OCT-2000             | Reference No.<br><b>874238</b>                             |

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>(Listed at front of windshield or drivers side)</small>  | Vehicle Make   | Vehicle Model   | Vehicle Year           | Current Odometer Reading   |   |  |
| <b>1G2NE55M2SM520068</b>  | <b>PONTIAC</b>   | <b>GRAND AM</b>   | <b>1995</b>            |  |   |  |
| Purchase Date   | Dealer's Name _____  |   | Engine Size (CID/CC/L) | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><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   |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag |                        | <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 <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |
| Body Style  |  |   |                        |  |   |  |
| <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |  |   |                        |  |   |  |

| FAILED COMPONENT(S)/PART(S) INFORMATION |   |   |   |
|---|---|---|---|
| Component<br><b>07300000</b>            | Par. Name(s)<br><b>POWER TRAIN:TRANSMISSION:AUTOMATIC</b>   | Location  | Failed Part(s)  |
|   |   | <input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Frnt <input type="checkbox"/> Rear | <input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures                         | Date(s) of Failure(s) _____<br>Mileage at Failure(s) <u>57</u><br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?   | NHTSA Previously Contacted?   |
|   |   | <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)**

**VEHICLE SHIFTED INTO NEUTRAL FROM DRIVE, CAUSING SPEED TO BE REDUCED.\*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.