

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 241

Date Received

09-NOV-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

874775

 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) (Listed at front of windshield or drivers side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G2WPS23WS203094	PONTIAC	GRAND PRIX	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☒ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09002000	Part Name(s) LIGHTING: GENERAL OR UNKNOWN COMPONENT: HEAD LIGHTS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 15-FEB-2000 Mileage at Failure(s) 40000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

REPORTING VEHICLE HEAD LIGHT LENS KEEP FALLING OFF, ALL REPLACEMENT WAS DONE AT CONSUMER COST; DEALER NOTIFIED AND INFORMED THAT PART WAS NOT COVER UNDER A MFR'S RECALLS. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILSON THIS MATTER:

CONTINUED ON BACK (RELEAS)

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.

 U.S. Department of Transportation National Highway Traffic Safety Administration Vehicle Owner's Questionnaire (VOQ) DOT Auto Safety Hotline		FOR AGENCY USE ONLY 241	
Vehicle Owner's Questionnaire (VOQ) DOT Auto Safety Hotline 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		REFERENCE NO. 874775	
OWNER INFORMATION (Type or Print) [Redacted] 54827		WORK NUMBER [Redacted] HOME NUMBER [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO			
In the absence of an authorized NHTSA VIN, NHTSA will NOT print your name and address to the vehicle manufacturer.			
SIGNATURE OF OWNER [Redacted Signature] Date: 11/22/00			
VEHICLE INFORMATION Vehicle Ident. No. (VIN) [Redacted] Vehicle Make [Redacted] Vehicle Model [Redacted] Vehicle Year [Redacted] Current Odometer Reading 42000			
PURCHASE DATE ☒ New ☐ Used Dealer's Name Sullivan Pontiac City [Redacted] State IL Zip Code [Redacted] Engine Size 3.8L No Cylinders 6 Fuel Injection ☒ Gas ☐ Diesel ☐ Turbo			
TRANSMISSION TYPE ☒ Automatic ☐ Manual Restraint System ☒ 3-Point Belt ☐ 2-Point Belt ☐ Motorized ☒ Driver's Side Airbag ☐ Passenger Side Airbag			
DRIVE TRAIN ☒ Front ☐ Rear ☐ 4-Wheel Vehicle Type ☒ Car ☐ Sport Utility ☐ Truck ☐ Motorcycle ☐ Other Body Style ☐ 2-Door ☐ 4-Door ☐ Station Wagon ☐ Pick Up Truck ☐ Other			
FAILED COMPONENT(S)/PART(S) INFORMATION Component 08202000 Part Name(s) LIGHTING: LAMP OR SOCKET: HEAD LIGHTS Location ☒ Left ☐ Right ☐ Rear Failed Part(s) ☐ Original ☒ Replacement			
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form) No of Failures 2 Date(s) of Failure(s) 4-6 FEB-2000 Mileage at Failure(s) 40000 Vehicle Speed at Failure(s) 50 mph Failed Part(s) Available? ☒ Yes ☐ No NHTSA Previously Contacted? ☐ Yes ☒ No			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES) Crash ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured 0 Number of Fatalities 0 Estimated Property Damage 0 Reported to Police ☐ Yes ☒ No			
HEADLIGHT LENSES KEEP FALLING OFF, ALL REPLACEMENT WERE DONE AT CONSUMER'S COST. DEALER NOTIFIED, AND INFORMED CONSUMER THAT DEFECTIVE PART WAS NOT COVER UNDER A MANUFACTURER'S RECALL. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILSON THIS MATTER.			
AK CONTINUE ON BACK IF NECESSARY			

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PONTIAC.



100 W. Golf Road Schaumburg, IL 60196
(647) 884-1300

THANK YOU FOR YOUR BUSINESS. WE SINCERELY
DO APPRECIATE IT. CALL US FOR ALL OF YOUR
PARTS PURCHASES. OUR MOTTO IS WE WILL DO
"WHATEVER IT TAKES..."

QUANTITY	PART NUMBER	DESCRIPTION	UNIT	PRICE	TAX	AMOUNT	DATE	INVOICE NO.
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9000

CRED CD

LEN SIUDUT

08/01/00

265

219-879-5411

DISCOVER CARD
3502 E MICHIGAN BLVD
MICHIGAN CITY, IN 46360

SHIP
TO

QUANTITY	PART NUMBER	DESCRIPTION	UNIT	PRICE	TAX	AMOUNT
1	0 16522600	CAPSULE A 2.725	216	74.93	74.93	74.93

PAID

AUG - 1 2000

ANY AND ALL WARRANTIES APPLICABLE TO THE PARTS AND MATERIALS SUPPLIED IN SERVICING OR
REPAIRING ANY VEHICLE ARE GIVEN ONLY BY THE MANUFACTURER. HARBOR OLDSMOBILE-GMC
CORP. HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES EXPRESSED OR IMPLIED INCLUDING ANY
IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE, ON ANY AND
ALL PARTS, MATERIALS AND/OR SERVICES SUPPLIED TO OR RENDERED ON ANY VEHICLE, AND NO
EMPLOYEE OF THE CORPORATION IS AUTHORIZED TO MAKE ANY WARRANTY WHATEVER IN REGARD
TO ANY PARTS, MATERIALS AND/OR SERVICES. PARTS AND ACCESSORIES DESCRIBED HEREIN MAY
NOT BE SUPPLIED, MARKED, OR WARRANTED BY GENERAL MOTORS.

20% HANDLING CHARGE ON ALL RETURNABLE MERCHANDISE. NO ELECTRICAL OR
SPECIAL ORDER PARTS ACCEPTED FOR RETURN. NO REFUNDS WITHOUT THIS
INVOICE. PARTS ARE NOT RETURNABLE AFTER 30 DAYS.

RECEIVED BY:

X

SUB-TOTAL

74.93

TAX
FREIGHT

6.18
0.00

PAY THIS AMOUNT

81.11



PONTIAC.



100 W. Golf Road Schaumburg, IL 60195
(847) 884-1300

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"WHATEVER IT TAKES..."

QUANTITY UNIT PRICE TOTAL CREDITED AMOUNT DATE INVOICE NO

9000

CRED CD LEN SIUDUT

09/22/00 91289

219-879-5411

DISCOVER CARD
3502 E MICHIGAN BLVD
MICHIGAN CITY, IN 46360

SHIP
TO

QUANTITY	UNIT	PRICE	TOTAL	CREDITED	AMOUNT
1	0	16522599 CAPSULE A 2.725	216	76.04	65.00

PAID
SEP 22 2000

9/22/00
DISC
176

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RECEIVED BY:

X

SUB-TOTAL

65.00

TAX
FREIGHT

5.36
0.00

PAY THIS AMOUNT