



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 197

Data Received

28-NOV-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

875639

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 PONTIAC	Vehicle Model GRAND AM	Vehicle Year 1999	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____	No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle	Body Style <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 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 0	Date(s) of Failure(s) _____ Mileage at Failure(s) 18218 Vehicle Speed at Failure(s) 0	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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------------------	----------------------------------	---------------------------	---

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

CONSUMER STATED THAT HAD EXPERIENCED A SEVERE VIBRATION WHEN APPLY BRAKES
TECHNICIAN REPLACED THE FRONT PADS AND ROTORS WERE FIX UNDER WARRANTY.

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.

 <p style="text-align: center;">DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 197</p> <p>Date Received: <u>28-NOV-2000</u></p> <p style="text-align: center;">OFFICE DEFECTS INVESTIGATION</p> <p>Reference No. <u>875639</u></p> <p>Work Number _____ Home Number _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p><u>WILLIAM REILLY</u> <u>667962</u></p>	

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 12/4/00

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1G2NW12E2XM869564</u>	Vehicle Make <u>PONTIAC</u>	Vehicle Model <u>GRAND AM</u>	Vehicle Year <u>1999</u>	Current Odometer Reading <u>19,278</u>		
Purchase Date <u>4/15/99</u>	Dealer's Name <u>MORRISSEY PONTIAC-GMC</u>		Engine Size (CID/CC/L) <u>3.4L</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>ROCKVILLE CENTER</u> State <u>N.Y.</u> Zip Code <u>11570</u>		No Cylinders <u>6</u>			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>WR</u>	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>WR</u>	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 checked="" 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 <u>0327DB00</u>	Part Name(s) <u>BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <u>1</u>	Date(s) of Failure(s) <u>28 NOV 2000 - 03 NOV - 2000</u>	Mileage at Failure(s) <u>18218</u>	Vehicle Speed at Failure(s) <u>65</u>
Failed Part(s) Available?		NHTSA Previously Contacted?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" 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 <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>0</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

VEHICLE HAD EXPERIENCED SEVERE VIBRATION WHEN APPLING BRAKES. TECHNICIAN REPLACED FRONT PADS AND ROTORS UNDER WARRANTY. *AK

AT APPROXIMATELY 65 MPH, HAD TO APPLY BRAKES TO AVOID HIGHWAY ACCIDENT AHEAD. CAR VIBRATED & SMOKE SEVERELY. BROUGHT CAR TO DEALER AND WAS TOLD ORIGINALLY THAT IF IT WAS THE BRAKES, THAT IT WOULD NOT BE COVERED UNDER WARRANTY. ABOUT TWO HOURS LATER WAS CALLED

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 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.

