



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 151

Data Received
15-DEC-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.
876563

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 driver's side)</small>	Vehicle Make PONTIAC	Vehicle Model GRAND AM	Vehicle Year 1991	Current Odometer Reading
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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 type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

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"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	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"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <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 Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 15300000	Par. Name(s) EQUIPMENT: SPEED CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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
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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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING CRUISE CONTROL CAME ON AND ACCELERATED VEHICLE UP TO 90MPH. DRIVER HAD TO PUT VEHICLE INTO NEUTRAL, AND EXCESSIVELY APPLY BRAKES. WHEN STARTING VEHICLE RIGHT BACK UP, CRUISE CONTROL WOULD TAKE OVER AGAIN, UNLESS VEHICLE SAT FOR AT LEAST 20-30 MINUTES. MECHANIC DISABLED CRUISE CONTROL. *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.



U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 www.nhtsa.dot.gov/hotline
 1-888-327-4236
 NATIONWIDE 1-888-DASH-2-DOT
 Vehicle Owner's Questionnaire (VOQ)

FOR AGENCY USE ONLY 151

Date Received: _____
 Od. or _____
 r. dt. _____
 dd. r. _____
 up. hr. _____

Reference No. 878563

Work Num. _____
 Home Num. _____

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

In the absence of your signature, NHTSA will NOT provide your name and address to the vehicle manufacturer.

Signature of _____ Date 1/13/01

Vehicle Information

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) GANES4U5MC50793

Vehicle Make PONTIAC

Vehicle Model GRAND AM

Vehicle Year 1991

Current Odometer Reading 126915

Purchase Date 04/91

Dealer's Name GARY WESTLAND MOTORS

City/Town/Falls State, ID, zip code 83301

Engine Size (CID/CIL) 3.5

No Cylinders 4

Turbo Diesel Gas Fuel Injection

Transmission Type Automatic Manual

Restraint System 3-Point Belt 2-Point Belt Motorbelt

Cruiase Control Yes No

Drive Train Front Rear 4-Wheel

Vehicle Type Car Van Minivan Other

Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 15300000

Part Name(s) EQUIPMENT: SPEED CONTROL

Location Left Right Front Rear

Failed Part(s) Original Replacement

No of Failures SEVERAL

Date(s) of Failure(s) WINTER OF 1990

Mileage at Failure(s) 2400

Vehicle Speed at Failure(s) BETWEEN 45 + 55

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 NONE

Number of Fatalities NONE

Estimated Property Damage NONE

Reported to Police Yes No

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

WHILE DRIVING CRUISE CONTROL CAME ON AND ACCELERATED VEHICLE UP TO 90MPH. DRIVER HAD TO PUT VEHICLE INTO NEUTRAL, AND EXCESSIVELY APPLY BRAKES. WHEN STARTING VEHICLE RIGHT BACK UP, CRUISE CONTROL WOULD TAKE OVER AGAIN, UNLESS VEHICLE SAT FOR AT LEAST 20-30 MINUTES. MECHANIC DISABLED CRUISE CONTROL. AK

CONTINUE ON BACK IF NEEDED

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