

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 335</p>				
<p>Date Received</p> <p>03-JAN-2001</p>		<p>Od_or _____ rt_dt _____ od_rt _____ up_ltr _____</p>		<p>Reference No.</p> <p>877298</p>				
<p>OWNER INFORMATION (Type or Print)</p>								
<p>[Redacted]</p>				<p>664005</p>				
<p>Work Number _____ Home Number _____</p>								
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>								
<p>Signature of Owner _____ Date ____/____/____</p>								
<p>VEHICLE INFORMATION</p>								
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)</p> <p>1G2NE55D3SC790447</p>		<p>Vehicle Mak</p> <p>PONTIAC</p>	<p>Vehicle Mode</p> <p>GRAND AM</p>	<p>Vehicle Year</p> <p>1995</p>	<p>Current Odometer Reading</p>			
<p>Purchase Date</p>	<p>Dealer's Name _____</p>		<p>Engine Siz (CID/CC/L) _____</p>		<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p>			
<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Cty _____ State _____ Zip Code _____</p>		<p>No Cylinders _____</p>		<p><input type="checkbox"/> Fuel Injectio</p>			
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Contro</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Trai</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><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 _____</p>		<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>								
<p>Component</p> <p>08310000</p>	<p>Part Name(s)</p> <p>ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD</p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>			
<p>No of Failures</p> <p>0</p>	<p>Date(s) of Failure(s) 01-MAY-2000</p> <p>Mileage at Failure(s) 95000</p> <p>Vehicle Speed at Failure(s) 0</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>								
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Number of Persons injured</p> <p>0</p>	<p>Number of Fatalite</p> <p>0</p>	<p>Estimated Property Damag</p>	<p>Reported to Polic</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> <p>CAR WAS PARKED, CONSUMER TRIED TO START CAR AND COULD HEAR A CLICKING NOISE IN STEERING, AND THEN THERE WAS NOTHING. VEHICLE WOULD NOT START. CONSUMER WENT INTO HOUSE FOR ABOUT 10 MINUTES, CAME BACK OUT, AND SAW SMOKE COMING FROM STEERING COLUMN. THEN, SAW FLAMES ON STEERING. TOWED VEHICLE TO A MECHANIC. *AK</p>								
<p style="text-align: right;">CONTINUE ON BACK IF NEEDED</p>								
<p>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>								