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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                                 |                                                                                            | <b>FOR AGENCY USE ONLY</b> 252                                                                                                                                                                                                                                     |                                                                                                                                                                                                 |
| <b>OWNER INFORMATION (Type or Print)</b><br><div style="background-color: black; width: 200px; height: 40px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 40px; margin-bottom: 5px;"></div> <b>664326</b>                                                                                                                                                                                                                                                                                                                                 |                                                                                            | Date Received<br><br><b>04-JAN-2001</b>                                                                                                                                                                                                                            | Od_or _____<br>rt_dt _____<br>od_rt _____<br>up_ltr _____                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            | Reference No.<br><br><b>877438</b>                                                                                                                                                                                                                                 |                                                                                                                                                                                                 |
| Signature of Owner _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                            | Work Number _____<br>Home Number _____                                                                                                                                                                                                                             |                                                                                                                                                                                                 |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.                                                                                                                                                                                                                                                                                                                   |                                                                                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                 |
| Signature of Owner _____ Date ____/____/____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                 |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                 |
| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)<br><br><b>1G2NW52E0YM733555</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Vehicle Mak<br><br><b>PONTIAC</b>                                                          | Vehicle Mode<br><br><b>GRAND AM</b>                                                                                                                                                                                                                                | Vehicle Year<br><br><b>2000</b>                                                                                                                                                                 |
| Current Odometer Reading _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                 |
| Purchase Date _____<br><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Dealer's Name _____<br><br>City _____ State _____ Zip Code _____                           |                                                                                                                                                                                                                                                                    | Engine Siz (CID/CCL) _____<br>No Cylinders _____<br><input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Anti lock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel                             | Cruise Contro<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                         |
| Drive Trai<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other<br><input type="checkbox"/> Sport Util<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle |                                                                                                                                                                                                 |
| Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up<br><input type="checkbox"/> Truck                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                 |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                 |
| Component<br><b>13100000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Part Name(s)<br><b>STRUCTURE:FRAME:MEMBERS AND BODY</b>                                    |                                                                                                                                                                                                                                                                    | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear                                                  |
| Failed Part/s<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            | No of Failures<br><b>0</b>                                                                                                                                                                                                                                         |                                                                                                                                                                                                 |
| Date(s) of Failure(s) <b>18-DEC-2000</b><br>Mileage at Failure(s) <b>32000</b><br>Vehicle Speed at Failure(s) <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                            | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                         |                                                                                                                                                                                                 |
| NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                 |
| <b>APPLICATION INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                 |
| (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                 |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                | Number of Persons Injured<br><b>0</b>                                                                                                                                                                                                                              | Number of Fatalitie<br><b>0</b>                                                                                                                                                                 |
| Estimated Property Damag<br><b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            | Reported to Polic<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                           |                                                                                                                                                                                                 |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                 |
| <b>THERE WAS A PUDDLE OF WATER ON BOTH SIDES OF VEHICLE NEAR DOORS OF DRIVER AND PASSENGER SIDES. ALSO, DEALERSHIP WAS AWARE OF PROBLEM AT THIS TIME. *AK</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                 |
| 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 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. |                                                                                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                 |