


DOT Auto Safety Hotline		FOR AGENCY USE ONLY	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted]		Date Received 10-JAN-2001	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____
Signature of Owner _____		Reference No. 877909	
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.		Work Number [Redacted] Home Number _____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G2NE5ZE5XC582011	Vehicle Mak PONTIAC	Vehicle Mode 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 Siz (CID/CC) _____ No Cylinders _____
<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectic	Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel
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	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 <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12200000	Part Name(s) INTERIOR SYSTEMS: ACTIVE SEAT AND SHOULDER BELTS AND B	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) 31-JUL-2000 Mileage at Failure(s) 9200 Vehicle Speed at Failure(s) 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalitie 0
Estimated Property Damag _____		Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE AT STOP SIGN ANOTHER VEHICLE REAR ENDED CONSUMER'S VEHICLE. RESTRAINTS DID NOT WORK, THROWING CONSUMER AGAINST STEERING WHEEL, AND SHE SUSTAINED INJURIES. *AK			
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.			

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Date Received: **10 JAN 2001**

Office: **EFFECTS INVESTIGATION**

Reference No.: **877909**

Work Number: [Redacted]

Home Number: [Redacted]

OWNER INFORMATION (Type or Print)

[Redacted Name] **666091**

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

In the absence of [Redacted Name] name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: **1/26/01**

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): **1G2NE52E5XC582011** (Located at bottom of windshield on driver's side)

Vehicle Make: **PONTIAC** Vehicle Model: **GRAND AM** Vehicle Year: **1999** Current Odometer Reading: **9386**

Purchase Date: **Buyer's New** New Used

Dealer's Name: **George's** Engine Size (CID/CC/L): **V-6** Turbo Diesel Gas Fuel Injection

City: **Tratholp** State: **DY** Zip Code: _____ No Cylinders: **6**

Transmission Type: Manual Automatic

Antilock Brakes: Yes No

Restraint System: 3-Point Belt Motorbelt Driverside Airbag 2-Point Belt Passengerside Airbag

Cruise 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: **12280000** Part Name(s): **INTERIOR SYSTEMS:ACTIVE SEAT AND SHOULDER BELTS AND B**

Location: Left Right Front Rear

Failed Part(s): Original Replacement

No of Failures: **0** Date(s) of Failure(s): **31-JUL-2000** Mileage at Failure(s): **9200** Vehicle Speed at Failure(s): **0**

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: **1** Number of Fatalities: **0** Estimated Property Damage: _____

Reported to Police: Yes No

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

WHILE AT STOP SIGN ANOTHER VEHICLE REAR ENDED CONSUMER'S VEHICLE. RESTRAINTS DID NOT WORK, THROWING CONSUMER AGAINST STEERING WHEEL, AND SHE SUSTAINED INJURIES. *AK

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