



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 130

Date Received

26-JAN-2001

Od\_or \_\_\_\_\_  
R\_dt \_\_\_\_\_  
Pd\_rt \_\_\_\_\_  
Ip\_ltr \_\_\_\_\_

Reference No.

879067

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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make <b>PONTIAC</b>	Vehicle Model <b>GRAND AM</b>	Vehicle Year <b>1994</b>	Current Odometer Reading
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Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input 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 Util 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 _____
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### FAILED COMPONENT(S)/PART(S) INFORMATION

Component <b>06450024</b>	Part Name(s) <b>ENGINE:GASKETS:VALVE COVER</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	Date(s) of Failure(s) Mileage at Failure(s) <b>62000</b> 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

### 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)

**WITH QUAD 4 ENIGNE , POOR DESIGN OF HEAD GASKET CAUSED PREMATURE CRACKING.\*AK**

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974, Public Law 93-502. 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.



# Vehicle Owner's Questionnaire (VOQ)

DOT Auto Safety Hotline

U.S. Department of Transportation  
National Highway Traffic Safety Administration

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

## OWNER INFORMATION (Type or Print)

670085

879067

Investigation Reference No.

DATE RECEIVED  
26 JAN 2001  
OFFICE IN CHARGE  
SAFETY INVESTIGATION  
DATE RECEIVED  
up hr  
up hr  
up hr  
up hr

FOR AGENCY USE ONLY 16C

Signature of Owner \_\_\_\_\_ Date / /

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.

Home No. [Redacted] WORK NUMBER [Redacted]

Vehicle Identification No. (VIN) (located at bottom of windshield on driver's side) \_\_\_\_\_

Vehicle Make PONTIAC Vehicle Model GRAND AM Vehicle Year 1994 Current Odometer Reading 63330.1

Purchase Date 05/1994 Dealer's Name Bob's Auto City Chicago, IL State IL Zip Code \_\_\_\_\_

Transmission Type  Automatic  Manual Antilock Brakes  Yes  No Restraint System 3-Point Belt  Motorbelt  2-Point Belt  Driver's Side Airbag  Passenger's Side Airbag  No  Yes  Cruise Control  No  Yes  Drive Train Front  Rear  4-Wheel  Vehicle Type Car  Van  Minivan  Other  Truck  Motorcycle  Sport Utility  Body Style 2-Door  4-Door  Station Wagon  Pick Up Truck  Other

Component DB150021 Part Name(s) ENGINE:GASKETS:VALVE COVER Location Left  Right  Front  Rear  Failed Part(s) Original  Replacement  Failed Part(s) NHTSA Previously Contacted? Yes  No  Available? Yes  No  Vehicle Speed at Failure(s) \_\_\_\_\_ Mileage at Failure(s) 62000 Date(s) of Failure(s) 01-14-01

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component DB150021 Part Name(s) ENGINE:GASKETS:VALVE COVER Location Left  Right  Front  Rear  Failed Part(s) Original  Replacement  Failed Part(s) NHTSA Previously Contacted? Yes  No  Available? Yes  No  Vehicle Speed at Failure(s) \_\_\_\_\_ Mileage at Failure(s) 62000 Date(s) of Failure(s) 01-14-01

No of Failures \_\_\_\_\_

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 \_\_\_\_\_ Number of Fatalities \_\_\_\_\_ Estimated Property Damage \_\_\_\_\_ Reported to Police Yes  No

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

WITH QUAD 4 ENGINE, POOR DESIGN OF HEAD GASKET CAUSED PREMATURE CRACKING, 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.

