



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 197

Date Received

26-FEB-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

881466

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	Vehicle Model	Vehicle Year	Current Odometer Reading
1G2NW12E9XM927296	PONTIAC	GRAND AM	1999	

Purchase Date <input type="checkbox"/> New <input checked="" 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
--	--	--	--

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 Belt	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 _____ <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 12410000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	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) 26-FEB-2001 Mileage at Failure(s) 20000 Vehicle Speed at Failure(s) 0	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 0	Number of Fatalities 0	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 OFF ROAD AIR BAG FELL DOWN WITHOUT PRIOR WARNING. MANUFACTURER COULD NOT SAY WHAT HAPPENED. *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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 197	
 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] 876698		Date Received: 26-FEB-2001 OFFICE EFFECTS INVESTIGATION Reference No. 881466 Work Number _____ Home Num [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner _____ Date 3/13/01	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1G2NW12E9XM927296	PONTIAC	GRAND AM	1999
Current Odometer Reading			
25,000			
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
10-10-2000	Duck Smith Ford		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City Raytown State MO Zip Code 64138	No. Cylinders _____	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" 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	<input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
12110000	INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG	<input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
0	26-FEB-2001 Mileage at Failure(s) 20000 Vehicle Speed at Failure(s) 0	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
Estimated Property Damage		Reported to Police	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING OFF ROAD AIR BAG FELL DOWN WITHOUT PRIOR WARNING. MANUFACTURER COULD NOT SAY WHAT HAPPENED. *AK <i>I was driving back out of my drive & the horn would not stop beeping & air bag fell out into my lap and had to stop drive to dealer with horn going & air bag in lap.</i>			
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.			



DAVE CROSS MOTORS INC.

1120 NORTH BLUE PARKWAY

LEE'S SUMMIT, MO 64086

Phone (816) 524-2233

Fax (816) 524-3670



BUICK



Oldsmobile

CUSTOMER NO 18182	ADVISOR PAUL	134	TAG NO 257	INVOICE DATE 03/14/01	INVOICE NO PNC570597
LABOR RATE		LYCEN/VID 848CME	VILEAGE 24,976	CR/GR RED/	STOCK NO
YEAR / MAKE / MODEL 99 / PONTIAC / GRAND AM / ZDR GT CPE				DELIVERY DATE	DELIVERY MILES
VEHICLE ID NO 1 G 2 N W 1 2 E 9 X M 9 2 7 2 9 6				SELLING DEALER NO	PRODUCTION DATE
P. O. NO			R. O. NO 03/07/01		



- CHANGE
- CREDIT CARD
- CHECK #
- CASH

THANK YOU FOR CHOOSING DAVE CROSS MOTORS FOR ALL OF YOUR CAR CARE NEEDS!!!!!! OUR SERVICE TEAM LOOKS FORWARD TO ALL OF YOUR FUTURE VISITS..

DAVE CROSS SERVICE DEPARTMENT

CUSTOMER SIGNATURE

TOTAL LABOR....	0.00
TOTAL PARTS....	0.00
TOTAL SUBLET....	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	0.00
TOTAL INVOICE \$	0.00

DISCLAIMER OF WARRANTIES
The seller hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

IMPORTANT
YOU MAY RECEIVE A CUSTOMER SATISFACTION SURVEY FROM GENERAL MOTORS IN THE NEXT FEW WEEKS. IF FOR ANY REASON YOU DO NOT COMPLETELY GRADE US, PLEASE CONTACT US IMMEDIATELY. WE WILL BE GLAD TO HELP YOU WITH ANY SERVICE OR PARTS NEEDS.

IF YOU ARE HAPPY,
LET YOUR NEIGHBOR KNOW!
IF YOU ARE UNHAPPY,
LET US KNOW!



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 LEE'S SUMMIT, MO 64086
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BUICK



Oldsmobile

CUSTOMER NO	1818	ADVISOR	PAUL	134	TAB		WORK DATE	05/14/01	INVOICE NO	PNC570597	
		LABOR RATE	848CME	MI LEAGE	24,976	COPIES	RED/		STOCK NO		
		YEAR / MAKE / MODEL	99 / PONTIAC / GRAND AM / 2DR GT CPE				DELIVERY DATE		DELIVERY MILE		
		VEHICLE I.D. NO.					SELLING DEALER NO		PRODUCTION DATE		
				P.O. NO.			05/07/01				
COMMENTS											

LABOR
 # 1 05PNZ STEERING TECH(S):108 WARRANTY
 CUST STATES STEERING SQUEAKS--MIKE B
 LOOSE STEERING RACK
 REPLACE STEERING RACK AND SET TOE

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
	1	26086616	GEAR REM 6.508		WARRANTY
	-1	26086616	CORE RETURN		WARRANTY
	1	1050017	P/S FLD 8.800		WARRANTY
				TOTAL - PARTS	0.00

JOB# 1 TOTALS
 JOB# 1 JOURNAL PREFIX PNC5 JOB# 1 TOTAL 0.00

JOB# 2 CHARGES
 LABOR # 2+17PNZ ACCESSORIES TECH(S):107 WARRANTY
 CUSTOMER REPORTS RADIO INOP
 NO PROBLEM FOUND

JOB# 2 TOTALS
 JOB# 2 JOURNAL PREFIX PNC5 JOB# 2 TOTAL 0.00

JOB# 3 CHARGES
 LABOR # 3+16PNZ ELECTRICAL SYSTEM TECH(S):107 WARRANTY
 CUSTOMER REPORTS LITES ON DASH DIM
 NO PROBLEM FOUND

JOB# 3 TOTALS
 JOB# 3 JOURNAL PREFIX PNC5 JOB# 3 TOTAL 0.00

JOB# 4 CHARGES
 LABOR # 4+19PNZ MISCELLANEOUS TECH(S):107 WARRANTY
 CUSTOMER REPORTS CIG LITER INOP
 LIGHTER ELEMENT ELEC INOP
 REPLACE LIGHTER ELEMENT

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
	1	11516146	LIGHTER A 9.709		WARRANTY
				TOTAL - PARTS	0.00

JOB# 4 TOTALS
 JOB# 4 JOURNAL PREFIX PNC5 JOB# 4 TOTAL 0.00

JOB# 5 CHARGES

DISCLAIMER OF WARRANTIES
 The seller hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

IF YOU ARE HAPPY,
 LET YOUR NEIGHBOR KNOW!
 IF YOU ARE UNHAPPY,
 LET US KNOW!

Claim Case
C-03268381

Help

VIN:	1G2NW12B9XM927296
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VEHICLE INFORMATION

Merchandising Model:	2NW37 - 1999 GRAND AM GT COUPE	Warranty Start Date:	07/16/1999				
BARS Order Type	N/A						
Delivering Dealer:	GALEN DOYER MOTORS, INC. 3107 S NOLAND RD INDEPENDENCE, MO 64055-1377 (816) 252-9800	Selling Source:	16 - PONTIAC				
		Site Code:	13051				
		Business Associate Code:	116163				
Service Contract:	No	Branded Title:	No	Warranty Block:	No	FDI Status:	Paid

CAMPAIGN ELIGIBILITY

Campaign Number	Description	Owner Notified	Campaign Status
00036	CONSOLE COVER LATCH	N/A	Closed

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36 BUMPER TO BUMPER - NO DEDUCTIBLE	07/16/1999	6 miles	7/16/2002	36006 miles
72/100 SHEET METAL RUST-THROUGH	07/16/1999	6 miles	7/16/2005	100006 miles
36/36 CORROSION	07/16/1999	6 miles	7/16/2002	36006 miles
96/80 PCM/CC EMISSIONS	07/16/1999	6 miles	7/16/2007	80006 miles
36/36 FEDERAL EMISSIONS	07/16/1999	6 miles	7/16/2002	36006 miles

CLAIM HISTORY

E.O. Date	E.O. Number	Type	Labor Operation	Odometer Reading
12/21/2000	068523	#	F7274 - HOUSING, STERING COLUMN -- REPLACE	23154 miles
12/21/2000	068523	#	Z7906 - DEALER SERVICE LOANER REIMBURSEMENT (OVER FIVE DAYS)	23154 miles
12/21/2000	068523	#	Z5000 - DEALER/RETAILER TRADE(PART OBTAINED LOCALLY)	23154 miles

<https://www.autopartners.net/apps/gmvis/cgi-bin/gx.cgi/AppLogic+GMVIS.SelectVin>

2/23/2001

Summary

12/21/2000	068523	#	B4180 - RT FT DR CYL R&R/RP	23154 miles
12/05/2000	068153	#	Z7901 - COURTESY TRANSPORTATION DAY 1	22293 miles
11/30/2000	068000	#	J3032 - SENSOR COOL LVL RPL	22293 miles
11/30/2000	068000	#	E3901 - L/F SEAT SPRING RPL	22293 miles
08/17/2000	121545	#	H0042 - DISC PADS R&R/RPL	17829 miles
08/17/2000	121545	#	N2840 - DOOR LOCK RELAY RPL	17829 miles
08/17/2000	121545	#	C0182 - RIGHT FT DOOR WINDOW (POWER) R&R OR REPLACE	17829 miles
08/17/2000	121545	#	Z5000 - DEALER/RETAILER TRADE(PART OBTAINED LOCALLY)	17829 miles
07/10/2000	119674	#	E9050 - POW STEER PUMP RPL	15916 miles
07/10/2000	119674	#	T2020 - WARRANTY TOWING	15916 miles
07/10/2000	119674	#	Z7903 - DEALER SERVICE LOANER REIMBURSEMENT (THREE DAYS)	15916 miles
07/10/2000	119674	#	V0508 - 1999-2000 ALERO, GRAND AM - REPLACE CONSOLE COVER LATCH	15916 miles
07/08/2000	S95425	#	Z8012 - ROADSIDE SERVICE (LOCKOUT)	15916 miles
06/15/1999	A27296	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

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Phone (816) 524-2233

Fax (816) 524-3670



BUICK



Oldsmobile

CUSTOMER NO 18182	ADVISOR PAUL	134	INVOICE DATE 02/28/01	INVOICE NO PNC569987
HELEN HIXON 41 N STREET LAKE LOTAWANA, MO 64086	LABOR RATE	LICENSE NO 848CME	RELEASE 24,783	CO.28 RED/
	YEAR / MAKE / MODEL 99 / PONTIAC / GRAND AM / 2DR GT CPE	DELIVERY DATE	DELIVERY MILES	
	SELLING DEALER NO	PRODUCTION DATE		
RESERVED PHONE 816-578-5427	BUSINESS PHONE 816-356-7636	COMMENTS		
		R 3095 02/13/01		

JOB# 3 TOTALS		JOB# 3 JOURNAL PREFIX PNC5	JOB# 3 TOTAL	8.00
TECHNICIAN CERTIFICATION	108	MICHAEL K BATES	108	
TOTALS				
<input type="checkbox"/> CHARGE		TOTAL LABOR	0.00	
<input type="checkbox"/> CREDIT CARD		TOTAL PARTS	0.00	
<input type="checkbox"/> CHECK #		TOTAL SUBLET	0.00	
<input type="checkbox"/> CASH		TOTAL 6.0.6	0.00	
		TOTAL MISC CHG.	0.00	
		TOTAL MISC DISC	0.00	
		TOTAL TAX	0.00	
			TOTAL INVOICE \$	0.00

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CUSTOMER SIGNATURE

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