



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.

881467

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 _____

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

Component 09540000 08000000	Part Name(s) COMMUNICATIONS:HORN ASSEMBLY:WIRE:HORN:FUSIBLE ELECTRICAL SYSTEM	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)

HORN WAS ACTIVATED AND DID NOT GO OFF. WAS TAKEN TO DEALER FOR CHECK UP ON ELECTRICAL SYSTEM, AND IT WAS REPAIRED. \*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		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received 26-FEB-2001	Od. or rt. dt. up. ltr.
[Redacted]		Reference No. 881467	
[Redacted]		Work Number	[Redacted]
[Redacted]		Home Number	[Redacted]
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? (In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner [Redacted]		Date 2/13/01	
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 checked="" type="checkbox"/> Fuel Injection
16-10-2001	Deck Smith Ford	6cyl	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City Raytown State MO Zip Code 64138	No Cylinders	
Transmission Type	Anti-lock Brakes	Restraint System	Cruise Control
<input checked="" type="checkbox"/> Manual <input 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 Ut <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)
09640900 09000900	COMMUNICATIONS:HORN ASSEMBLY:WIRE:HORN:FUSIBLE ELECTRICAL SYSTEM	<input type="checkbox"/> Left <input type="checkbox"/> Right <input 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)			
HORN WAS ACTIVATED AND DID NOT GO OFF. WAS TAKEN TO DEALER FOR CHECK UP ON ELECTRICAL SYSTEM, AND IT WAS REPAIRED. *AK car was in shop for 2 1/2 wks could not find were short was. A m man had to come out. Now car is back in shop. Because radio comes on + off door light comes on by itself ABS light stay on dash light blink on + off car in shop 3-12 still in			
CONTINUE ON BACK IF NEEDED			
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# DAVE CROSS MOTORS INC.

1120 NORTH BLUE PARKWAY

LEE'S SUMMIT, MO 64086

Phone (816) 524-2233

Fax (816) 524-3670



CUSTOMER NO. 18182	ADVISOR PAUL	134	TAG NO. 257	INVOICE DATE 03/14/01	INVOICE NO. PNCS70597
	LABOR RATE		MALEAGE 24,976	COLOR RED/	STOCK NO.
	YEAR / MAKE / MODEL 99/PONTIAC/GRAND AM/ZDR GT CPE			DELIVERY DATE	DELIVERY MILES
	VEHICLE ID NO.			SELLING DEALER NO.	PRODUCTION DATE
				03/07/01	
COMMENTS					

- CHARGE
- 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

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.

CUSTOMER SIGNATURE



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

# GM Vehicle Inquiry System Summary

Home - Summary - Claim History - Vehicle Build - Delivery Information - Dealer Information - Service Contract - Warranty Block - Branded Title

**CLAIM CASE**  
**# C-03268381**

Help

VIN:	1G2NW12E9XM927296
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### VEHICLE INFORMATION

Merchandising Model:	ZNW37 - 1999 GRAND AM GT COUPE	Warranty Start Date:	07/16/1999
BAHS Order Type	N/A		
Delivering Dealer:	GALEN BOYER 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
		PDI 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

R.O. Date	R.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

GM Vehicle Inquiry

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	595425	#	Z8012 - ROADSIDE SERVICE (LOCKOUT)	15916 miles
06/15/1999	A27296	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

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LEE'S SUMMIT, MO 64086

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CUSTOMER NO	18182	REP. SOR	PAUL	134	TAG. NO.	893	INVOICE DATE	02/28/01	INVOICE NO.	PNCS69987
LABOR RATE		SALES TAX		24,783	SALES TAX		REBATE		STOCK NO.	
YEAR MAKE MODEL	99/PONTIAC/GRAND AM/2DR GT CPE			DEL. VERT. DATE		DELIVERY MILES		REPAIR DATE	02/13/01	
REMARKS										

LABOR JOB# 1 16PNZ ELECTRICAL SYSTEM  
CUSTOMER REPORTS HORN IS STUCK  
HORN RING AND MULTIFUNCTION SWITCH (SEE STORY)

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
	1	22602262	SWITCH 2.895		
	1	12368061	HORN 2.810		
	1	12368062	HORN 2.810		
	1	26077618	COLLUMN 6.510		
				TOTAL - PARTS	0.00

MISC CODE DESCRIPTION CONTROL NO  
Z5000 ADOTL PTS MARKUP/WTY

TOTAL - MISC 0.00

JOB# 1 TOTALS

JOB# 2 CHARGES JOB# 1 JOURNAL PREFIX PNCS JOB# 1 TOTAL 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.

LABOR JOB# 2 15PNZ MISCELLANEOUS  
CUSTOMER REPORTS AIR BAG LOOSE  
REPLACED AIR BAG (SEE NOTE)

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
	1	22617914	MODULE 14.905		
	1	22614786	WHEEL 6.513		
	1	26064225	HOUSING 6.518		
	1	22611138	LEVER 6.514		
	1	22659865	SHAFT 6.528		
				TOTAL - PARTS	0.00

MISC CODE DESCRIPTION CONTROL NO  
Z5001 WARRANTY FREIGHT

TOTAL - MISC 0.00

JOB# 2 TOTALS

JOB# 3 CHARGES JOB# 2 JOURNAL PREFIX PNCS JOB# 2 TOTAL 0.00

LABOR JOB# 3 24PNZ03 ENTERPRISE RENTAL  
ENTERPRISE RENTAL CAR

SUBLET	PO#	YEND	INV#	INV DATE	DESCRIPTION	WARRANTY
	8568		681175	02/28/01	681175 RENTAL 69987	
						TOTAL - SUBLET 0.00

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IF YOU ARE UNHAPPY,  
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1120 NORTH BLUE PARKWAY

LEE'S SUMMIT, MO 64086

Phone (816) 524-2233

Fax (816) 524-3670



CUSTOMER NO <b>18182</b>	ADVISOR <b>PAUL</b>	TAX NO <b>134 893</b>	INVOICE DATE <b>02/28/01</b>	INVOICE NO <b>PNC569987</b>
LABOR RATE		RELEASE <b>24,783</b>	COLOR <b>RED/</b>	STOCK NO
YEAR MAKE MODEL <b>99/PONTIAC/GRAND AM/2DR GT CPE</b>		DELIVERY DATE	DELIVERY HOURS	
SALE AND DEALER NO		PRODUCTION DATE		
P.O. NO		R.O. DATE <b>02/13/01</b>		
COMMENTS				

JOB#	3 TOTALS	JOB#	3 JOURNAL PREFIX	PNC5	JOB#	3 TOTAL	
							0.00
TECHNICIAN CERTIFICATION							
	108		MICHAEL K BATES			108	
<b>TOTALS</b>							
<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 G.O.G.	0.00
						TOTAL MISC CHG.	0.00
						TOTAL MISC DISC	0.00
						TOTAL TAX	0.00
						<b>TOTAL INVOICE \$</b>	<b>0.00</b>

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DAVE CROSS SERVICE DEPARTMENT

CUSTOMER SIGNATURE

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