



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

28-FEB-2001

Ord. or  
rt. dt  
pd. rt  
ip. ltr

Reference No.

881473

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 checked="" type="checkbox"/> Yes <input 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 03250000 03270000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM BRAKES:HYDRAULIC:SHOE-DISC BRAKE 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)

WHILE DRIVING STEPPED ON BRAKE PEDAL TO STOP VEHICLE, BUT BRAKES DID NOT WORK. FRONT BRAKES WENT OUT WITHOUT A PRIOR WARNING, AND HAD TO BE REPLACED DUE TO THAT PROBLEM. \*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.

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	<b>FOR AGENCY USE ONLY 197</b>	
		Date Received 26-FEB-2001	Od_or _____ rt_dlt _____ od_rt _____ up_ltr _____

<b>OWNER INFORMATION (Type or Print)</b>		Reference No. 881473
[Redacted] 76698	Work Number	Home Number [Redacted]

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 [Redacted] Date 3/13/01

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) [Redacted]	Vehicle Make PONTIAC	Vehicle Model GRAND AM	Vehicle Year 1995	Current Odometer Reading 25000

Purchase Date	Dealer's Name <u>Dick Smith</u>	Engine Size (Cyl/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Raytown</u> State <u>Mo</u> Zip Code <u>64138</u>	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <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	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 _____	Body Style <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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			
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No of Failures 0	Date(s) of Failure(s) <u>26-FEB-2001</u> Mileage at Failure(s) <u>20000</u> 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
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**LEE'S SUMMIT, MO 64086**  
 Phone (816) 524-2233  
 Fax (816) 524-3670



EMERSON



Automobile

18182

PLANT	PAUL	134	257	03/14/01	PNC570597
LABOR #	[REDACTED]	Invoice	24,978	RED/	
PLANT	99/PONTIAC	GRAND AM/2DR GT CPL			
FORM 2015	[REDACTED]			03/07/01	

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

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
	1	26086616	GEAR REM 6.500		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

LABOR # 2 117PNZ 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

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

LABOR # 4 19PNZ MISCELLANEOUS TECH(S):107 WARRANTY  
 CUSTOMER REPORTS CIG LITR 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

**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.

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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



BUICK



Oldsmobile

18182



ADDRESS PAUL	134	TAX NO. 257	INVOICE DATE 03/14/01	INVOICE NO. PNCS70597
CARD RATE	8400000	TRAILER	24,978	REO/
YEAR MAKE MODEL 99/PONTIAC/GRAND AM/2DR GT CPC				
SALES DATE	03/07/01			

- CHARGE
- CREDIT CARD
- CHECK #
- CASH

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

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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

### IMPORTANT

YOU MAY RECEIVE A CUSTOMER SATISFACTION SURVEY FROM GENERAL MOTORS IN THE NEXT FEW WEEKS. IF, FOR ANY REASON YOU CANNOT GRADE US COMPLETELY SATISFIED, PLEASE CONTACT ME IMMEDIATELY. THANK YOU.

JACK SHUE-SERVICE MANAGER  
 DAVE CROSS MOTORS  
 (816) 524-2233

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 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

<b>VIN:</b>	1G2NW12E9XM927296
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### VEHICLE INFORMATION

<b>Merchandising Model:</b>	2NW37 - 1999 GRAND AM GT COUPE	<b>Warranty Start Date:</b>	07/16/1999
<b>BARS Order Type</b>	N/A		
<b>Delivering Dealer :</b>	GAJEN BOYER MOTORS, INC. 3107 S NOLAND RD INDEPENDENCE, MO 64055-1377 (816) 252-9800	<b>Selling Source:</b>	16 - PONTIAC
		<b>Site Code:</b>	13051
		<b>Business Associate Code:</b>	116163
<b>Service Contract:</b>	No	<b>Branded Title:</b>	No
		<b>Warranty Block:</b>	No
		<b>FDI Status:</b>	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	#	P7274 - 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

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 - LF 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	#	V0808 - 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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# DAVE CROSS MOTORS INC.

1120 NORTH BLUE PARKWAY  
 LEE'S SUMMIT, MO 64086  
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CUSTOMER NO	18182	REG FOR	PAUL	134	ACTUAL	893	BOOKING DATE	02/28/01	PLANT NO	PNC569987
LABOR RATE		RELEASE		24.783	RED/		STOCK NO			
YEAR MAKE MODEL	99/PONTIAC/GRAND AM/2DR GT CPE			DELIVERY DATE		DELIVERY MILES				
SELLING DEALER NO		PRODUCTION DATE								
TYPE NO		PLANT NO					02713/01			
COMMENTS										

### JOB# 1 CHARGES

LABOR	ELECTRICAL SYSTEM			WARRANTY	
J# 1 16PNZ	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	COLUMN 6.518		
				TOTAL - PARTS	0.00
MISC	CODE	DESCRIPTION	CONTROL NO		WARRANTY
	Z5000	ADDTL PTS MARKUP/WTY			
				TOTAL - MISC	0.00
JOB# 1 TOTALS	JOB# 1 JOURNAL PREFIX PNC5			JOB# 1 TOTAL	0.00

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### JOB# 2 CHARGES

LABOR	CUSTOMER REPORTS AIR BAG LOOSE			WARRANTY	
J# 2 16PNZ	REPLACED AIR BAG (SEE NOTE)				
PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
	1	22617914	MODULE 14.868		
	1	22614786	WHEEL 6.513		
	1	26064225	HOUSING 6.518		
	1	22611138	LEVER 6.514		
	1	22659865	SHAFT 6.526		
				TOTAL - PARTS	0.00
MISC	CODE	DESCRIPTION	CONTROL NO		WARRANTY
	Z5001	WARRANTY FREIGHT			
				TOTAL - MISC	0.00
JOB# 2 TOTALS	JOB# 2 JOURNAL PREFIX PNC5			JOB# 2 TOTAL	0.00

### JOB# 3 CHARGES

LABOR	ENTERPRISE RENTAL			WARRANTY	
J# 3 24PNZ03	ENTERPRISE RENTAL CAR				
SUBLET	POP	VEND INV#	INV DATE	DESCRIPTION	WARRANTY
	8568	681175	02/28/01	681175 RENTAL 69987	
				TOTAL - SUBLET	0.00

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BUICK



Oldsmobile

CUSTOMER NO <b>18182</b>	ADVISOR <b>PAUL</b>	134 TAG NO <b>893</b>	INVOICE DATE <b>02/28/01</b>	INVOICE NO <b>PNC569987</b>
	LABOR RATE	RELEASE <b>24,783</b>	COPIES <b>RED/</b>	STOCK NO
	YEAR MAKE MODEL <b>99/PONTIAC/GRAND AM/2DR GT CPE</b>		DELIVERY DATE	DELIVERY MILE
			SELLING DEALER NO	PRODUCT ON DATE
			R.D. 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	
TOTALS				
<input type="checkbox"/> CHARGE		TOTAL LABOR....		0.00
<input type="checkbox"/> CREDIT CARD		TOTAL PARTS....		0.00
<input type="checkbox"/> CHECK #		TOTAL SUBLEY....		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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