



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

335

Date Received

27-FEB-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
ip\_ltr \_\_\_\_\_

Reference No.

881570

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)<br><small>(Located at bottom of<br/>windshield on driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G2WP52K6WF220020                                                                                 | PONTIAC      | GRAND PRIX    | 1998         |                          |

|                                                                                            |                                                                  |                                                           |                                                                                                                                              |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name _____<br><br>City _____ State _____ Zip Code _____ | Engine Size _____<br>(CID/CC/L)<br><br>No Cylinders _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                |                                                                                               |                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                        |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                       |                          |                                                                                                                                          |                                                                                             |
|-----------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>01000000 | Part Name(s)<br>STEERING | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|-----------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

|                      |                                                                                                            |                                                                                          |                                                                                            |
|----------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| No. of Failures<br>0 | Date(s) of Failure(s)<br>08-FEB-2001<br>Mileage at Failure(s)<br>64380<br>Vehicle Speed at Failure(s)<br>0 | Failed Part(s)<br>Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously<br>Contacted?<br><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<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br><br>0 | Number of Fatalities<br><br>0 | Estimated Property Damage | Reported to Police<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------|-------------------------------|---------------------------|-----------------------------------------------------------------------------------------------|

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

LIKE DRIVING AN ARMY TANK CONSUMER CAN'T STEER. ONCE WHILE TRAVELING WITH CHILDREN, CONSUMER TURNED STEERING WHEEL, AND IT WOULD NOT TURN BACK. IF ON A HIGHWAY, SOMEONE COULD HAVE BEEN HURT. \*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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  <b>DOT Auto Safety Hotline</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                                                                                                                    |  | <b>FOR AGENCY USE ONLY 335</b><br>Date Received <u>11-27-00</u><br>27-FEB-2001<br>DEPT. OF TRANSPORTATION                                                                                                                                                          |  |
| <b>OWNER INFORMATION (Type or Print)</b><br>[Redacted] 676981<br>[Redacted] MO 63701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Reference No. <u>881670</u><br>Work Number _____<br>Home Number [Redacted]                                                                                                                                                                                         |  |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of [Redacted] provide your name and address to the vehicle manufacturer.<br>Signature of Owner [Redacted] Date <u>3/13/01</u>                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                    |  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                    |  |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br><u>1G2WP52K6WF220030</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Vehicle Make<br><u>PONTIAC</u>                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Vehicle Model<br><u>GRAND PRIX</u>                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Vehicle Year<br><u>1998</u>                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Current Odometer Reading<br><u>65451</u>                                                                                                                                                                                                                           |  |
| Purchase Date<br><u>11-27-00</u><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Dealer's Name <u>Weiser Honda</u><br>City/State <u>Cape Girardeau Mo</u> Zip Code <u>63701</u>                                                                                                                                                                                                                                                                                                                                                              |  | Engine Size (CID/CC/L) <u>3000</u><br>No Cylinders <u>6</u><br><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection                                                      |  |
| Transmission Type<br><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Antilock Brakes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                      |  | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Cruise Control<br><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                            |  | Drive Train<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Vehicle Type<br><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> 2-Door<br><input type="checkbox"/> Van <input type="checkbox"/> Truck <input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Other <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other |  |                                                                                                                                                                                                                                                                    |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                    |  |
| Component<br><u>01000000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Part Name(s)<br><u>STEERING Rack + Pinion</u>                                                                                                                                                                                                                                                                                                                                                                                                               |  | Location<br><input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Failed Part(s)<br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement                                                                                                                                                                |  |
| No of Failures<br><u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Date(s) of Failure(s) <u>05-FEB-2001</u><br>Mileage at Failure(s) <u>84380</u><br>Vehicle Speed at Failure(s) <u>0</u> <u>15 MPH</u>                                                                                                                                                                                                                                                                                                                        |  | Failed Part(s) Available?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                 |  |
| <b>APPLICATION INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                    |  |
| (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                    |  |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                 |  | Number of Persons Injured<br><u>0</u>                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Number of Fatalities<br><u>0</u>                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Estimated Property Damage<br><u>0</u>                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                          |  |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                    |  |
| LIKE DRIVING AN ARMY TANK CONSUMER CAN'T STEER. ONCE WHILE TRAVELING WITH CHILDREN, CONSUMER TURNED STEERING WHEEL, AND IT WOULD NOT TURN BACK. IF ON A HIGHWAY, SOMEONE COULD HAVE BEEN HURT. *AK<br>While taking kids to school, My wife turned down a side street and couldn't straighten the car back up in front of oncoming traffic. If these vehicles were traveling faster when the Rack + Pinion failed there would have been a collision. There were no signs or warning for the part failure. It was extremely hard for a 185* man to drive.                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                    |  |
| CONTINUE ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                    |  |
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INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

**SIZE**

NARRATIVE DESCRIPTION (CONTINUED)

What really strikes me so odd about this failure is that there was a 1999 Model Grand Prix in the dealership at the very same time with the same part failure, & about 1½ weeks later, another '99 Grand Prix with the same problem. These parts ~~are~~ should last a lot longer than this unless there is some sort of issue or problem with the new parts. Another sign of a lot of failures is that after checking around, I couldn't find but "1" remanufactured replacement part within 150 miles locally!

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
**Information Management Staff NSA-10.01**  
400 7th Street, SW  
Washington, DC 20590

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES