



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 936

Date Received

13-MAR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

882866

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
IG2NE55M9SM561720	PONTIAC	GRAND AM	1995			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	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 08100000 08210000 08230000	Part Name(s) ELECTRICAL SYSTEM:BATTERY ELECTRICAL SYSTEM:ALTERNATOR:GENERATOR ELECTRICAL SYSTEM:STARTER	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 0	Date(s) of Failure(s) 01-MAR-2000 Mileage at Failure(s) 64734	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 Damag	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)

VEHICLE STARTED TO OVERHEAT; BATTERY HAD TO BE REPLACED 3 TIMES/ ALTERNATER TWICE, AND 1 STARTER AND WIRING REPLACED. *AK

CONTINUE ON REVERSE

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.



Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
National Highway Traffic Safety Administration
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 336

Date Received: 13-MAR-2001
Reference No.: 882866

OWNER INFORMATION (Type or Print)

679817
Work Number: [Redacted]
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]

VEHICLE INFORMATION

Vehicle Identification No. (VIN): [Redacted] (located at bottom of driver's side)
Vehicle Make: PONTIAC
Vehicle Model: GRAND AM
Vehicle Year: 1995
Current Odometer Reading: [Redacted]

Purchase Date: Feb 1995
 New Used

Dealer's Name: Superior Pontiac
City: [Redacted] State: IL Zip Code: 78229

Engine Size (CID/CYL): 6
Fuel Injection: Turbo Diesel Gas
Transmission Type: Automatic Manual
Restraint System: Motorbell 2-Point Belt 3-Point Belt
Drive Train: Front Rear 4-Wheel
Vehicle Type: Car Van Minivan Other
Body Style: 2-Door 4-Door Station Wagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 0810000 ELECTRICAL SYSTEM: BATTERY
0821000 ELECTRICAL SYSTEM: ALTERNATOR/GENERATOR
0823000 ELECTRICAL SYSTEM: STARTER
Part Name(s):
Location: Front Left Right
Failed Part(s): Original Replacement

No of Failures: 10
Date(s) of Failure(s): 01-MAR-2000
Mileage at Failure(s): 64734
Vehicle Speed at Failure(s): 0
Failed Part(s) Available? Yes No
NHTSA Previously Contacted? Yes 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: Yes No
Fire: Yes No
Number of Persons Injured: 0
Number of Fatalities: 0
Estimated Property Damage: 65800
Reported to Police: Yes No

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

VEHICLE STARTED TO OVERHEAT; BATTERY HAD TO BE REPLACED 3 TIMES/ALTERNATOR TWICE, AND 1 STARTER AND WIRING REPLACED. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 Public Law 93-579 "his 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 of regulation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

I have spent over \$600⁰⁰ replacing the alternator, starter, and 3 batteries due to the fact that the faulty switch caused this. IF IT HAD NOT BEEN FOR THE FAULTY SWITCH I WOULD NOT HAVE GONE THROUGH THIS EXPERIMENT.

If my car catches fire AND HURTS MY CHILDREN, I WILL SUE THE DEALER AND PONTIAC.

Pontiac recalled the vehicle due to failed parts, however their Consumer Affairs Department is Rude & unfair.



☆ U.S. G.P.O.: 1962-625-807/8088

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300

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U.S. Department of Transportation
National Highway Traffic Safety Administration
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Washington, DC 20590

