



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 160

Date Received

20-MAR-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

883448

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>(Location at bottom of<br/>windshield and driver's side<br/>door)</small>                                                                                                                                    | Vehicle Make                                                                                                                                                                                  | Vehicle Model                                                                                                                                                                                                | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                            |
| 1G2WJ52M8WF284556                                                                                                                                                                                                                               | PONTIAC                                                                                                                                                                                       | GRAND PRIX                                                                                                                                                                                                   | 1998                                                                                                                                         |                                                                                                     |
| Purchase Date                                                                                                                                                                                                                                   | Dealer's Name                                                                                                                                                                                 | Engine Size<br>(CID/CC/L)                                                                                                                                                                                    | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                     |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                           | City _____ State _____ Zip Code _____                                                                                                                                                         | No Cylinders _____                                                                                                                                                                                           |                                                                                                                                              |                                                                                                     |
| Transmission Type                                                                                                                                                                                                                               | Antilock Brakes                                                                                                                                                                               | Restraint System                                                                                                                                                                                             | Cruise Control                                                                                                                               | Drive Train                                                                                         |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                           | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                        | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                       | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel |
| Vehicle Type                                                                                                                                                                                                                                    | Body Style                                                                                                                                                                                    |                                                                                                                                                                                                              |                                                                                                                                              |                                                                                                     |
| <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 _____ | <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>12110000 | Part Name(s)<br>INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG | 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 Failure         | Date(s) of Failure(s)<br>Mileage at Failure(s)               | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<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><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

**AIRBAGS KEEP MALFUNCTIONING, CAUSING AIRBAG LIGHT TO COME ON. CONSUMER HAS TAKEN VEHICLE TO DEALER TWICE, BUT DEFECT HAS REOCCURRED.\*AK**

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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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br><b>DOT Auto Safety Hotline</b><br><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</b> 180                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | Date Received <u>20-MAR-2001</u><br>20-MAR-2001<br>DEFECTS DIVISION<br>Reference No. <u>683448</u><br>Work Number _____<br>Home Number _____                                                                                                                       |                                                                                                                                                                                                                                                                               |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                               |
| [Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       | 681117                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                               |
| 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 an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.<br>Signature of Owner _____ Date <u>4/2/01</u>                                                                                                                                                                                                                                                                        |                                                                                                                       |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                               |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                               |
| Vehicle Ident. No. (VIN) _____<br><small>(Located at bottom of windshield on driver's side)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       | Vehicle Make <u>PONTIAC</u>                                                                                                                                                                                                                                        | Vehicle Model <u>GRAND PRIX</u>                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | Vehicle Year <u>1998</u>                                                                                                                                                                                                                                           | Current Odometer Reading <u>76,248</u>                                                                                                                                                                                                                                        |
| Purchase Date _____<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Dealer's Name <u>FIEHRER PONTIAC</u><br>City <u>HAMILTON</u> State <u>OH</u> Zip Code _____                           |                                                                                                                                                                                                                                                                    | Engine Size (CID/CC/L) <u>3.1</u><br>No. Cylinders <u>6</u><br><input type="checkbox"/> Turbo Diesel<br><input checked="" type="checkbox"/> Gas Fuel Injection                                                                                                                |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Antilock Brakes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | Drive Train<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                                                                         | Vehicle Type<br><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility<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><input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                                                   |                                                                                                                                                                                                                                                                               |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                               |
| Component <u>12110000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Part Name(s) <u>INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG</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 <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date(s) of Failure(s) <u>3-15-00</u><br>Mileage at Failure(s) <u>51,784</u><br>Vehicle Speed at Failure(s) <u>N/A</u> |                                                                                                                                                                                                                                                                    | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                 |                                                                                                                                                                                                                                                                               |
| <b>APPLICATION INCIDENT INFORMATION</b><br><small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                               |
| 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 <u>NO</u>                                                                                                                                                                                                                                | Number of Fatalities <u>NO</u>                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | Estimated Property Damage <u>NO</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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                               |
| AIRBAGS KEEP MALFUNCTIONING, CAUSING AIRBAG LIGHT TO COME ON. CONSUMER HAS TAKEN VEHICLE TO DEALER TWICE, BUT DEFECT HAS REOCCURRED.*AK<br><u>ON 3-15-00, 51,784 MILES, AIR BAG CIRCUIT FAILED. DEALER REPLACED A CONNECTOR + CLEANED ELECTRICAL TERMINALS AT MODULE @ \$498.77. JUST A FEW MONTHS AFTER THAT THE AIR BAG MALFUNCTION LIGHT CAME ON AGAIN.</u>                                                                                                                                                                                                                                     |                                                                                                                       |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                               |
| CONTINUE ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                               |
| <small>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.</small> |                                                                                                                       |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                               |

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)

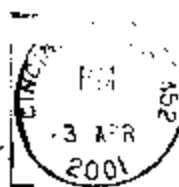
MY WIFE DID NOT TELL ME THE LIGHT WAS ON AS SHE THOUGHT THIS WAS NORMAL. SEVERAL MONTHS PASSED BEFORE I NOTICED THE LIGHT ON THE DASH. MY WIFE HAD BEEN DRIVING THE CAR FOR 9 TO 10 MONTHS NOT KNOWING THE AIR BAG WOULD NOT PROTECT HER IN THE EVENT OF AN ACCIDENT! THE SECOND VISIT TO THE DEALERSHIP, THEY SAID A MODULE HAD GONE BAD AND WOULD COST \$420 TO FIX. I DECLINED THE REPAIR TEMPORARILY TO SEE IF I COULD GET SOME \$ ASSISTANCE FROM GM - THEY SAID NO! I HAVE A REAL PROBLEM WITH A SAFETY DEVICE (NEVER USED) COSTING ME ALMOST \$1000 TO KEEP IT RELIABLE. SEAT BELTS ARE MADE TO LAST THE LIFE OF THE CAR, SO SHOULD THE AIR BAG. SAFETY ITEMS MUST BE RELIABLE. THIS AIR BAG IS A NON-MOVING, NEVER USED DEVICE. IF PEOPLE HAD TO REPLACE THEIR SEAT BELTS EVERY 50 TO 70K miles FOR \$1000 THERE WOULD BE AN UPROAR!

U.S.G.P.O. 7982-423-887/80286

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  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

