



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 §20

Date Received

03-APR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

884926

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		
1G2NE55M1RC739667	PONTIAC	GRAND AM	1994			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input 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 08510000	Part Name(s) ELECTRICAL SYSTEM:IGNITION:SWITCH	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	Date(s) of Failure(s) 17-JAN-2001 116000 Mileage at Failure(s) _____	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	Number of Fatalities	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)

DEALERSHIP IS CONTINUALLY TELLING CONSUMER THEY DO NOT HAVE PARTS AVAILABLE TO FIX
RECALL 00V287000/ IGNITION SWITCH FAILURE. PLEASE PROVIDE ANY ADDITIONAL
INFORMATION/ATTACHMENTS. *AK

COPIES OF THIS FORM ARE:

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 920

Date Received

03-APR-2001

Od. or
r. dt
od. rt
up. ltr

Reference No.

884926

OWNER INFORMATION (Type or Print)

684354

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
in the absence of a signature and address to the vehicle manufacturer.

YES

NO

Signature of Owner

Date 4/17/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN)

(Listed at bottom of
warranty card, if any)

Vehicle Make

PONTIAC

Vehicle Model

GRAND AM

Vehicle Year

1994

Current Odometer Reading

Purchase Date

Dealer's Name

Engine Size

(CID/CCL

No. Cylinders

Turbo

Diesel

Gas

Fuel Injection

New Used

City

State

Zip Code

Transmission Type

Manual

Automatic

Antilock Brakes

Yes

No

Restraint System

3-Point Belt

Driverside Airbag

Passengerside Airbag

Motorbel:

2-Point Belt

Cruise Control

Yes

No

Drive Train

Front

Rear

4-Wheel

Vehicle Type

Car

Van

Minivan

Other

Sport/lt
Truck

Motorcycle

Body Style

2-Door

4-Door

Stationwagon

Pick Up Truck

Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

08610000

Part Name(s)

ELECTRICAL SYSTEM:IGNITION:SWITCH

Location

Left

Front

Right

Rear

Failed Part(s)

Original

Replacement

No. of Failures

Date(s) of Failure(s) 17-JAN-2001

Mileage at Failure(s) 116000

Vehicle Speed at Failure(s)

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

Number of Fatalities

Estimated Property Damage

Reported to Police

Yes

No

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

DEALERSHIP IS CONTINUALLY TELLING CONSUMER THEY DO NOT HAVE PARTS AVAILABLE TO FIX RECALL 00V287000/IGNITION SWITCH FAILURE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. *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.