



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 920

Date Received

11-APR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

885674

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G2WP1211VF259865	PONTIAC	GRAND PRIX	1997			
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<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	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<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 _____	<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 09202000	Part Name(s) LIGHTING:LAMP OR SOCKET:HEAD LIGHTS	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) C1-SEP-1998 45000 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)

MOISTURE BECOMES TRAPPED IN THE BOTH HEADLIGHTS, CAUSING THE PLASTIC LENS COVER TO FALL OFF AT 15000 MILES. DURING FIRST WEEK OF APRIL 2001, MOISTURE BECAME TRAPPED IN DRIVER'S SIDE HEADLAMP ASSEMBLY, WHICH CAUSED PLASTIC COVER TO FALL OFF AGAIN. CONSUMER FILED A COMPLAINT WITH PONTIAC DIRECTLY, AND THEY GAVE HIM FILE NUMBER C03790349. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*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.

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CONTINUE ON BACK IF NEEDED

MOISTURE BECOMES TRAPPED IN THE BOTH HEADLIGHTS, CAUSING THE PLASTIC LENS COVER TO FALL OFF AT 15000 MILES. DURING FIRST WEEK OF APRIL 2004, MOISTURE BECAME TRAPPED IN DRIVER'S SIDE HEADLAMP ASSEMBLY, WHICH CAUSED PLASTIC COVER TO FALL OFF AGAIN. CONSUMER FILED A COMPLAINT WITH PONTIAC DIRECTLY, AND THEY GAVE HIM FILE NUMBER C03790349. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. AK

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

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 Damage		Reported to Police	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

No of Failures	3	Dates of Failure(s)	04-01-SEP-1998	Mileage at Failure(s)	15,000	Vehicle Speed at Failure(s)	45000	Failed Part(s) Available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Lighting Lamp or Socket: Head Lights	Part Name(s)		Location	Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/>	Failed Part(s)	Original <input type="checkbox"/> Replacement <input checked="" type="checkbox"/>
Transmission Type	<input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Manual	Artic Brake	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System	<input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driver Side Airbag <input checked="" type="checkbox"/> Passenger Side Airbag	Drive Train	Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/>
Vehicle Type	Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/>	Motorcycle	<input type="checkbox"/>	Motorcycle	<input type="checkbox"/>	Truck	<input type="checkbox"/>
Body Style	2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/>	Stationwagon	<input type="checkbox"/>	Pick Up Truck	<input type="checkbox"/>	Other	<input type="checkbox"/>

VEHICLE INFORMATION

Vehicle ID (VIN)	[Redacted]	Vehicle Make	PONTIAC	Vehicle Model	GRAND PRIX	Vehicle Year	1997
Purchase Date	12-18-96	Dealers Name	Rosey Pontiac	City	Urbana	State	Illinois
	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Engine Size	3.8L	ICID/CIL	V6	No Cylinders	6
		Fuel Injection	<input checked="" type="checkbox"/>	Turbo	<input type="checkbox"/>	Diesel	<input type="checkbox"/>
		Gas	<input type="checkbox"/>	Current Odometer Reading			

Vehicle Owner's Questionnaire (VOQ)
 U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of your signature, NHTSA will use the name and address to the vehicle manufacturer.

Date: 4/18/01

Signature of Owner: [Redacted]

Home Number: [Redacted]

Work Number: [Redacted]

Reference No: 885674

Date Received: 11-APR-2001

FOR AGENCY USE ONLY 920

(over)

ORDER ITEM P/N
5382268 85
DRO
DATE
03/13

1652-2599
CAPSULE A

QTY **ONE**

Fold to

TIRE IDENTIFICATION NO.*

0	0	T							
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* The identification number is near the rim flange on the tire.

NARRATIVE DESCRIPTION (CONTINUED)

NTL NO 1072 SHP NO 04-2839554 TEM 146 WGT 2.41

PART NUMBER QUANTITY D-57
16522599 ONE

CAPSULE A LOCATION **318-116-02**

SEQ 3956 FNL PK STN 505180

PACK STAT MOBL SURPLJS MIT
316-030-06 8324260
318-127-04 8324166

DISPATCH SEG
E-RAIL CAT/P LINE 2.725 **19107B**

mail

SIZE

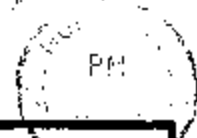
It is usually located

★ U.S. G.P.O.: 1982-625-877/80286

U.S. Department of Transportation
National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20680

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Penalty for Private Use \$300



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National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590



THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

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