



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

19-APR-2001

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

Reference No.

886306

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		
1G2NE52E2XM718850	PONTIAC	GRAND AM	1999			
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 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 05200000 05150021 06212000	Part Name(s) ENGINE COOLING SYSTEM ENGINE:GASKETS:VALVE COVER FUEL:CARBURETOR:UNKNOWN TYPE:MANIFOLD:INTAKE	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) 05-APR-2001 Mileage at Failure(s) 43000	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
--	---	---------------------------	----------------------	--------------------------	---

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

LOW COOLANT LIGHT ON DASHBOARD CAME ON. CONSUMER ADDED DEX SPECIAL COOLANT TWICE, APPROXIMATELY A HALF GALLON OF 50% WATER/50% COOLANT. PREVIOUSLY, EVERY TIME 3,000 MILE OIL CHANGE INDICATOR LIGHT CAME ON, CONSUMER NOTICED THAT COOLANT LEVEL WAS LOW. THIS TIME, CONSUMER TOOK VEHICLE TO DEALERSHIP, AND FOUND OUT THAT COOLANT WAS GETTING INTO OIL, CAUSING OIL TO BE A MILKY COLOR. *NOTE: CONSUMER WAS TOLD IT COULD POSSIBLY BE CAUSED BY A DEFECTIVE HEAD GASKET OR MANIFOLD INTAKE. DEALERSHIP IS IN POSSESSION OF VEHICLE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

COPIED FROM NHTSA FORM 101

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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY	
 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>920</p> <p>Date Received <u>19-APR-2001</u></p> <p>01 AUG 31 AM 9:20 DEFECTS INVESTIGATION OFFICE</p>	
<p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>Od_or _____ rt_dt _____ od_rt _____ up_ltr _____</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>[REDACTED] 6941</p>		<p>Reference No. 886306</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA will not include your name and address to the vehicle manufacturer.</p> <p>Signature of Owner [REDACTED] Date <u>8/27/01</u></p>		<p>Work Number [REDACTED] Home Number [REDACTED]</p>	
VEHICLE INFORMATION			
Vehicle Ident No (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1G2NE52E2XM718850	PONTIAC	GRAND AM	1999
Purchase Date <u>7/25/98</u>		Dealer's Name <u>SHOLZ PONTIAC INC</u>	Current Odometer Reading <u>49,350</u>
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>WHL PL</u> State <u>NY</u> Zip Code <u>10606</u>	Engine Size CID/CC/L <u>?</u>	<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	<input type="checkbox"/> 2-Door <input checked="" 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	Part Name(s)	Location	Failed Part(s)
05200800 05150621 08212000	ENGINE COOLING SYSTEM ENGINE:GASKETS:VALVE COVER FUEL:CARBURETOR:UNKNOWN TYPE:MANIFOLD:INTAKE	<input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <u>(2)</u> <u>Upper & Lower GASKETS</u>	Date(s) of Failure(s) <u>05-APR-2001</u> Mileage at Failure(s) <u>43000 APPROX</u> Vehicle Speed at Failure(s) <u>VARIED</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>4/19/01</u>
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)			
Crash	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>NONE</u>	<u>NONE</u>
Estimated Property Damage	Reported to Police		
<u>NONE</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<p>LOW COOLANT LIGHT ON DASHBOARD CAME ON. CONSUMER ADDED DEX SPECIAL COOLANT TWICE, APPROXIMATELY A HALF GALLON OF 50% WATER/50% COOLANT. PREVIOUSLY, EVERY TIME 3,000 MILE OIL CHANGE INDICATOR LIGHT CAME ON, CONSUMER NOTICED THAT COOLANT LEVEL WAS LOW. THIS TIME, CONSUMER TOOK VEHICLE TO DEALERSHIP, AND FOUND OUT THAT COOLANT WAS GETTING INTO OIL, CAUSING OIL TO BE A MILKY COLOR. *NOTE: CONSUMER WAS TOLD IT COULD POSSIBLY BE CAUSED BY A DEFECTIVE HEAD GASKET OR MANIFOLD INTAKE. DEALERSHIP IS IN POSSESSION OF VEHICLE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK</p>			
CONTINUE ON BACK IF NEEDED			
<p>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.</p>			

**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)**

(Page 1 through Page 4)

