



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

30-APR-2001

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

Reference No.

887080

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 windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G2NE12E7XM710428	PONTIAC	GRAND AM	1999			
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" 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 10120000	Part Name(s) VISUAL SYSTEMS:GLASS:WINDOW:DOOR AND SIDE	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) _____ 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 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)

WHILE VEHICLE WAS PARKED PASSENGER'S SIDE WINDOW FELL DOWN, CONSUMER TOOK VEHICLE TO DEALER, AND HAD IT REPLACED. ABOUT 2 MONTHS LATER WHILE CONSUMER WAS DRIVING AT 65MPH, DRIVER'S SIDE WINDOW FELL OFF, ALMOST CAUSING LOSS OF VEHICLE CONTROL. CAUSE IS UNKNOWN.*AK

CONFIDENTIAL - NHTSA

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

OWNER INFORMATION (Type or Print)

689283

Work Number

Home Number

Reference No.
887080

Date Received
30-APR-2001

FOR AGENCY USE ONLY 150

Signature of Owner

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.

Date (MM/DD)

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)

1G2NE12E7XM710428

Vehicle Make

PONTIAC

Vehicle Model

GRAND AM

Vehicle Year

1999

Current Odometer Reading

42,000

Purchase Date

New Used

Dealers Name

RATSDON MOTORS

Engine Size (Cyl./CC/L)

No Cylinders 6

Turbo Diesel Gas Fuel Injection

Transmission Type

Manual Automatic

Antilock Brakes

No Yes

Restraint System

3-Point Belt Motorized 2-Point Belt Passenger-side Airbag

Cruise Control

No Yes

Drive Train

Front Rear 4-Wheel

Vehicle Type

Car Van Minivan Other

Body Style

2-Door 4-Door Stationwagon Pick Up Truck Other

Component 1012000

Part Name(s) VISUAL SYSTEMS:GLASS:WINDOW:DOOR AND SIDE

Location Left Right

Failed Part(s) Original Replacement

No of Failures 0

Date(s) of Failure(s) 4/25/01

Mileage at Failure(s) 41000

Vehicle Speed at Failure(s) 0 65 mph

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

Reported to Police Yes No

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

WHILE VEHICLE WAS PARKED PASSENGER'S SIDE WINDOW FELL DOWN, CONSUMER TOOK VEHICLE TO DEALER, AND HAD IT REPLACED, ABOUT 2 MONTHS LATER, WHILE CONSUMER WAS DRIVING AT 65MPH, DRIVER'S SIDE WINDOW FELL OFF, ALMOST CAUSING LOSS OF VEHICLE CONTROL. CAUSE IS UNKNOWN. AK

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CONTINUE ON BACK IF NEEDED