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|---|---|
| <p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | <p style="text-align: center;">FOR AGENCY USE ONLY 920</p> <p>Date Received: 01 JUN 27 PM 11:00 01-JUN-2001 OFFICE DEFECTS INVESTIGATION</p> <p>Od_or _____ rtdb _____ od_rt _____ up_ltr _____</p> <p>Reference No. 889544</p> <p>Work Number _____ Home Number _____</p> |
| <p>OWNER INFORMATION (Type or Print)</p> <p style="background-color: black; color: white; padding: 5px;">[Redacted] 98</p> | |

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized signature, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 6/18/01

| VEHICLE INFORMATION | | | | | | |
|--|--|--|---|--|---|---|
| Vehicle Ident. No. (VIN) (Located at bottom of windshield or driver's side) 1G2WP1212VF327445 | Vehicle Make PONTIAC | Vehicle Model GRAND PRIX | Vehicle Year 1997 | Current Odometer Reading 22,300 | | |
| Purchase Date 4/29/00 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name R+G Romar Auto Sales City: Elyon State: PA Zip Code: 18403 | | Engine Size (CID/CC/L) 3.8L No Cylinders: 6 | <input checked="" type="checkbox"/> Turbo Super Diesel Changed <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection | | |
| 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 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 | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other | Body Style <input checked="" 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 07390010 | Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC TORQUE CONVERTER | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures 1 | Date(s) of Failure(s) 20-APR 2001 Mileage at Failure(s) 22000 Vehicle Speed at Failure(s) 55 MPH | Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| APPLICATION INCIDENT INFORMATION | | | | | |
|---|---|--------------------------------|---------------------------|---------------------------|---|
| (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(es) 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 Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

TORQUE CONVERTER FAILED WHILE VEHICLE WAS IN OPERATION AND CAUSED DAMAGE TO ENGINE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. *AK

Transmission, bearings and torque converter (enclosed is copy of repair receipt)
 The owner of the repair shop informed us that the over

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.

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 3)

