



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 241

Date Received

26-JUN-2001

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

Reference No.

891216

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 dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G2NF12T71M501306	PONTIAC	GRAND AM	2001			
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 checked="" 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 type="checkbox"/> Yes <input checked="" 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 10130000	Part Name(s) VISUAL SYSTEMS:GLASS:WINDOW:REAR-VIEW BACKLIGHT	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) 10-MAY-2001 2400 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)

REAR WINDOW HAS A DETERIORATED ABOUT 3" WIDE AND 3' LONG, CAUSING POOR VISIBILITY; DEALER / MANUFACTURER WERE NOTIFIED. CONSUMER WAS INFORMED THAT IT WAS A NORMAL CHARACTERISTIC, AND THERE WAS NO FIX. PROVIDE ANY FURTHER INFORMATION. *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.

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CONTINUE ON BACK IF NEEDED

REAR WINDOW HAS A DETERIORATED ABOUT 3" WIDE AND 3' LONG, CAUSING POOR VISIBILITY; DEALER / MANUFACTURER WERE NOTIFIED. CONSUMER WAS INFORMED THAT IT WAS A NORMAL CHARACTERISTIC, AND THERE WAS NO FIX. PROVIDE ANY FURTHER INFORMATION.

AK

Crash	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Fire	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Persons Injured	0	
Number of Fatalities	0	
Estimated Property Damage	0	
Reported to Police	<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(ies) on the back of this form)

No of Failures	1	
Date(s) of Failure(s)	10-MAY-2001	
Mileage at Failure(s)	10000	
Vehicle Speed at Failure(s)	60	
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	

Component	10130000	
Part Name(s)	VISUAL SYSTEMS:GLASS:WINDOW:REAR-VIEW BACKLIGHT	
Location	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right	
Failed Part(s)	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type	<input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Manual
Antilock Brakes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Restraint System	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger Side Airbag	<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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Type	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Sport UTV	<input type="checkbox"/> Other
Body Style	<input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	
Engine Size	2001	3600
Engine Type	<input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Turbo	<input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Turbo
Dealers Name	Hamilton	
City	Northampton Pa	
Zip Code	15422	
Purchase Date	5/8/01	
Used	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	

Vehicle Ident No. (VIN)	1G2NF12T71M501306
Vehicle Make	PONTIAC
Vehicle Model	GRAND AM
Vehicle Year	2001
Current Owner's Rating	3600


VEHICLE INFORMATION

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

In the absence of your signature, provide your name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 7/20/01

Home Number	[Redacted]
Work Number	[Redacted]
Reference No.	891216



DOT Auto Safety Hotline

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