



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 284

Date Received

06-SEP-2001

Od. or

rt\_dt

pd\_rt

rp\_lr

Reference No.

895846

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		
1G2NE5534RM538220	PONTIAC	GRAND AM	1994			
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 type="checkbox"/> Yes <input checked="" 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 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 08510000	Part Name(s) ELECTRICAL SYSTEM:IGNITION:SWITCH	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) 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)

SINCE VEHICLE WAS REPAIRED UNDER RECALL 00V287000 FOR IGNITION SWITCH FAILURE, INTERMITTENTLY VEHICLE WILL NOT START UP UNTIL IT IS PUT INTO NEUTRAL. DEALER, JOHNSON AUTO PLACE, BRIGHTON, CO 303-654-1940, WANTS TO CHARGE CONSUMER TO INSPECT VEHICLE.\*AK

COPIES OF THIS FORM ARE:

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.



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

# DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

## FOR AGENCY USE ONLY 284

Date Received: FEB 15 10 12 AM '01  
65-SEP-2001  
DEFECT #

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
ord\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.  
895846

### OWNER INFORMATION (Type or Print)

[Redacted] 713198  
Work Number [Redacted]  
Home Number [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
in the absence of an authorization you do not want to provide your name and address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 09/19/01

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (if posted in location of windshield on driver's side) 1G2NE5534RM530220  
Vehicle Make PONTIAC  
Vehicle Model GRAND AM  
Vehicle Year 1994  
Current Odometer Reading 95,691

Purchase Date \_\_\_\_\_ Dealer's Name \_\_\_\_\_  
 New  Used City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Engine Size (CID/CC/L) Quad 4  
No. Cylinders 4  
 Turbo Diesel Gas Fuel Injection

Transmission Type  Manua  Automatic  
Antilock Brakes  Yes  No  
Restraint System  3-Point Bel:  Motorbelt  2-Point Bel  
 Driverside Airbag  Passengerside Airbag  
Cruise Control  Yes  No  
Drive Train  Front  Rear  4-Wheel  
Vehicle Type  Car  Sport Utl  Truck  Motorcycle  
 Van  Minivan  Other  
Body Style  2-Door  4-Door  Stationwagon  Pick Up  Truck

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08510000 Part Name(s) ELECTRICAL SYSTEM:IGNITION:SWITCH  
Location  Left  Right  Front  Rear  
Failed Part(s)  Original  Replacement

No. of Failures Every time I Try to start Vehicle  
Date(s) of Failure(s) \_\_\_\_\_  
Mileage at Failure(s) \_\_\_\_\_  
Vehicle Speed at Failure(s) \_\_\_\_\_  
Failed Part(s)  Yes  No  
NHTSA Previously  Yes  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  Yes  No  
Fire  Yes  No  
Number of Persons Injured \_\_\_\_\_  
Number of Fatalities \_\_\_\_\_  
Estimated Property Damage \_\_\_\_\_  
Reported to Police  Yes  No

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

SINCE VEHICLE WAS REPAIRED UNDER RECALL 00V287000 FOR IGNITION SWITCH FAILURE, INTERMITTENTLY VEHICLE WILL NOT START UP UNTIL IT IS PUT INTO NEUTRAL. DEALER, JOHNSON AUTO PLACE, BRIGHTON, CO 303-654-1940, WANTS TO CHARGE CONSUMER TO INSPECT VEHICLE.\*AK

\* Ever since they replaced this recalled switch I have had problems starting my vehicle.. Its only that I put it into neutral that it starts.. pontiac Dealership told me there is nothing else they can do for me, without having to charge me an Arm & a Leg....

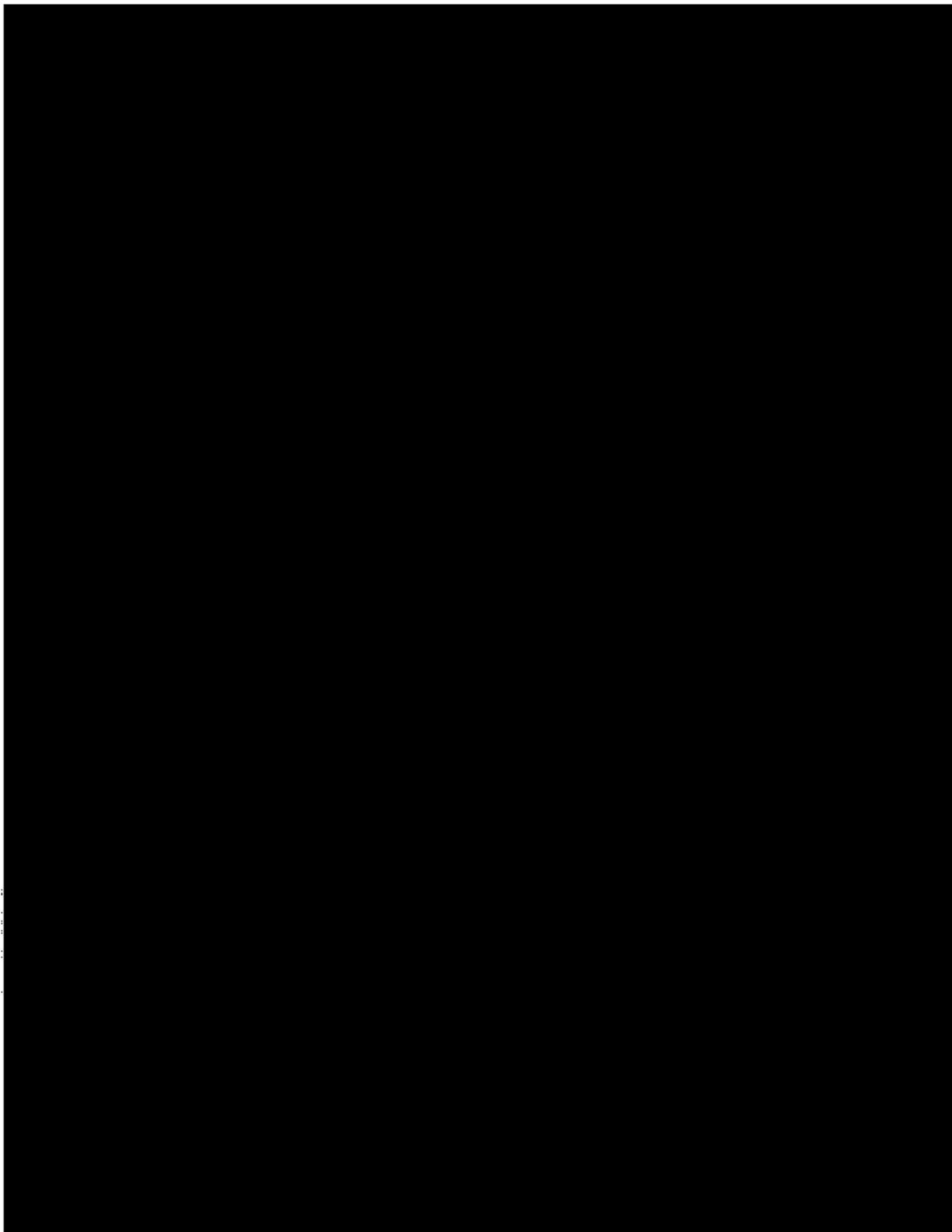
CONTINUE ON BACK IF NEEDED

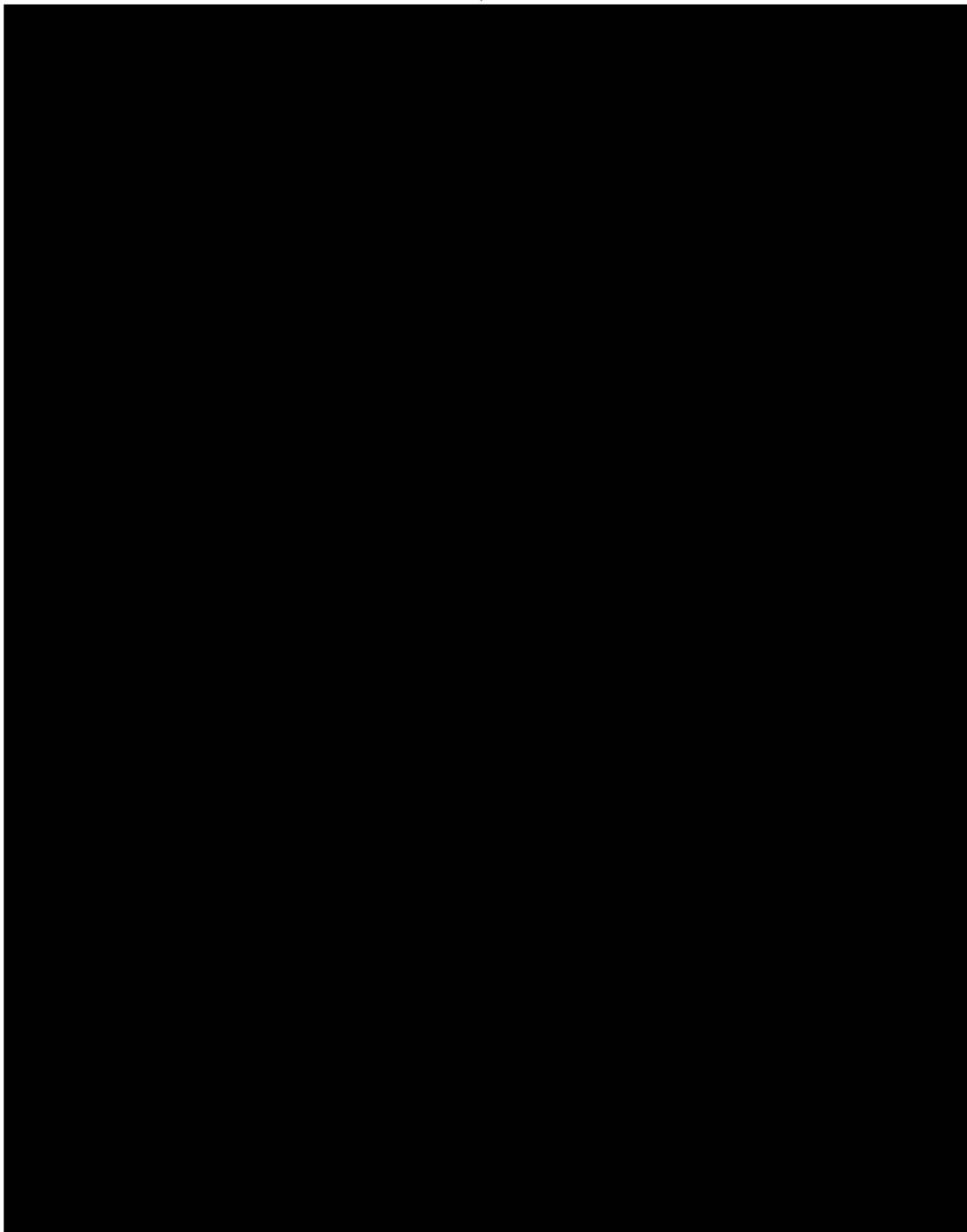
The Privacy Act of 1974-Public Law 93-57: This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether 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.

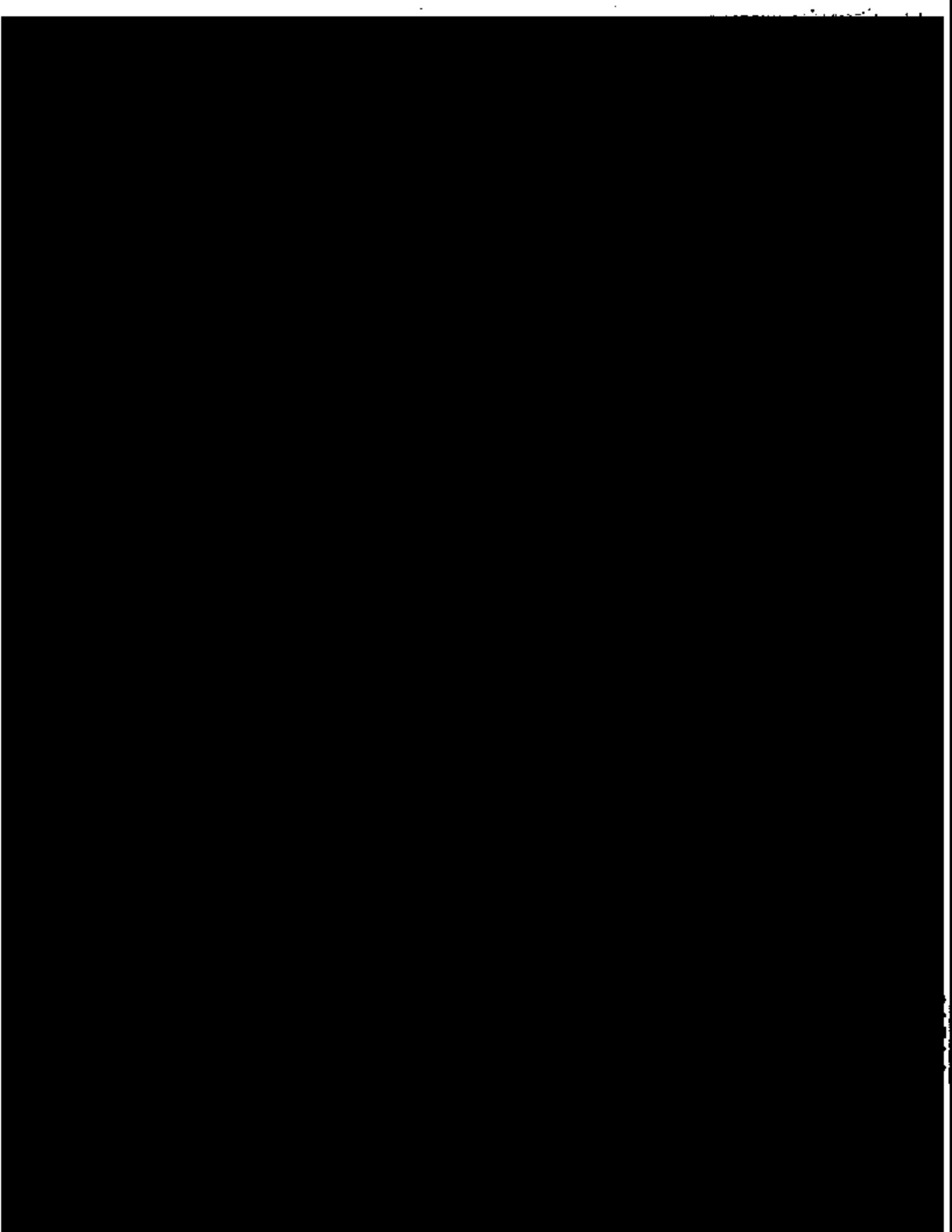


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EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

**(Page 1 through Page 7)**







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