



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

15-NOV-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

899179

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		
1G2WP52KX1F255985	PONTIAC	GRAND PRIX	2001			
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____				
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<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 _____	<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 06400000	Part Name(s) FUEL: THROTTLE LINKAGES AND CONTROL	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	Dates of Failure(s) 12-NOV-2001 Mileage at Failure(s) 3020 Vehicle Speed 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)

**WHEN STOPPING ON AN INCLINE, AFTER TAKING FOOT OFF BRAKE PEDAL, VEHICLE WOULD ROLL BACKWARD. DEALER NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION ON THIS MATTER.
*AK**

COMPLETION DATE: _____

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 241

Date Received: 11-18-2001
1-NOV-2001
Od_or: _____
rt_dt: _____
od_rt: _____
up_itr: _____

OWNER INFORMATION (Type or Print)

[Redacted] 726353

Reference No. 899179

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, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
Signature of Owner: _____ Date: _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 1G2WP52KX1F255985
Vehicle Make: PONTIAC
Vehicle Model: GRAND PRIX
Vehicle Year: 2001
Current Odometer Reading: 4380

Purchase Date: 9-26-01
Dealer's Name: HATT Pontiac
City: Tacoma State: WA Zip Code: _____
Engine Size (CID/CC/L): 3.8
No. Cylinders: _____
 Turbo
 Diesel
 Gas
 Fuel Injection

Transmission Type: Automatic
Antilock Brakes: Yes
Restraint System: 3-Point Belt, Driverside Airbag, Passengerside Airbag
Cruise Control: Yes
Drive Train: Front, Rear, 4-Wheel
Vehicle Type: Car, Sport Utility, Truck, Motorcycle, Other
Body Style: 2-Door, 4-Door, Stationwagon, Pick Up, Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 06400000
Part Name(s): FUEL THROTTLE LINKAGES AND CONTROL
Location: Left, Right, Front, Rear
Failed Part(s): Original, Replacement
TRANSMISSION

No. of Failures: _____
Date(s) of Failure(s): 12-NOV-2001
Mileage at Failure(s): 3020
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)

WHEN STOPPING ON AN INCLINE, AFTER TAKING FOOT OFF BRAKE PEDAL, VEHICLE WOULD ROLL BACKWARD. DEALER NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION ON THIS MATTER. *AK

2nd Dealer, car footed Pontiac in parking service
Margie Driver car up hill car started to roll
Back Tech tried to push throttle to stop the
car stalled Tech stated there was a problem

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