



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue
or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received 4-18-00	On or _____ n-dt _____ od rt _____ off-r _____
Reference No. _____	

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) Located at bottom of windshield or driver's side 1G2NG54UXM667677		VEHICLE MAKE PONTIAC	VEHICLE MODEL GRAND AM	MANUFACTURE DATE ____/____/____	MODEL YEAR 1991
VEHICLE MANUFACTURER ☐ BMW ☐ Ford ☐ Honda ☐ Nissan ☐ Subaru ☐ Volvo ☐ Other _____ ☐ Daimler/Chrysler ☒ General Motors ☐ Hyundai ☐ Isuzu ☐ Toyota ☐ VW					
PURCHASE DATE 4/91	☐ New ☒ Used	DEALER'S NAME SUN PONTIAC	CITY MESA	STATE AZ	ZIP CODE ____/____/____
ENGINE SIZE CC/CM/IN 2.5L	FUEL SYSTEM ☐ Turbo ☐ Fuel Injection	FUEL TYPE ☐ Diesel ☒ Gas	TRANSMISSION TYPE ☐ Manual ☒ Automatic	ANTILOCK BRAKES ☐ Yes ☒ No	RESTRAINT SYSTEM ☐ Driverside Airbag ☒ 2-Point Belt ☐ Passengerside Airbag ☐ Motorbet ☐ 3-Point Belt
NO CYLINDERS 4	CRUISE CONTROL ☐ Yes ☒ No		DRIVETRAIN ☒ Front ☐ 4 Wheel ☐ Rear ☐ Van ☐ Sport Utility ☐ Motorcycle		
VEHICLE TYPE ☒ Car ☐ Minivan ☐ Truck ☐ Other _____		DOORS ☐ 2 Door ☒ 4-Door		BODY STYLE ☐ Hardtop ☒ Sedan ☐ Pick-Up Truck ☐ Stationwagon	

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT ☐ Child Seat ☐ Electrical Lights & Alarms ☐ Engine & Cooling System ☐ Equipment ☐ Fuel System, Exhaust ☐ Heater, Defrost, Ventilation ☐ Interior ☐ Parking Brake ☐ Power Train ☐ Service Brakes ☐ Steering ☐ Structure ☐ Suspension ☐ Visual Systems ☒ Other SEAT BELT	NO. OF FAILURES <table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (Include all number and letters).	
	1	2	3	4	5	6	7	8	9												
	10	11	12	13	14	15	16	17	18												
	INCIDENT DATE 3/23/00	TIRE NAME	COMPLETE TIRE SIZE																		
MILEAGE AT INCIDENT 172,000	TIRE BRAND ☐ BF Goodrich ☐ Cooper ☐ Firestone ☐ Goodyear ☐ Kelly Springfield ☐ Michelin ☐ Yokohama ☐ Other _____																				
VEHICLE SPEED AT INCIDENT 30 mph	FAILED PART(S) ☒ Original ☐ Replacement																				
HANDICAPPED ADAPTIVE ☐ Yes ☒ No	FAILED PART(S) AVAILABLE? ☒ Yes ☐ No	NHTSA PREVIOUSLY CONTACTED? ☐ Yes ☒ No																			

APPLICABLE 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	NUMBER OF PERSONS INJURED <table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	CAUSE OF INCIDENT ☐ Wear/Corroded/Rust ☐ Weak/Poor Fit/Loose ☐ Cut/Torn ☐ Disconnect/Fal Off ☐ Erratic/Poor Performance ☐ Excessive Effort ☐ Nalay ☐ Leaks ☐ Short ☐ Locks/Sticks/Grabs ☐ Stability/Vibration ☐ Broken	RESULT OF INCIDENT ☐ Explosion/Fire ☐ Loss of Control ☐ Poor Viability ☐ Inadvertent Start ☐ Rollover ☐ Stalls ☐ Sudden Acceleration
	1	2	3	4	5	6	7	8	9													
10	11	12	13	14	15	16	17	18														
FIRE ☐ Yes ☒ No	NUMBER OF FATALITIES <table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18			
1	2	3	4	5	6	7	8	9														
10	11	12	13	14	15	16	17	18														

PLEASE DO NOT WRITE IN THIS AREA



00755

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

PASSED OUT FROM A MEDICAL
CONNECTION ON A ON-RAMP
CAR WENT OFF ROAD
ALONG AN EMBANKMENT
AND CRASH INTO A
CONSTRUCTION DIRT PILE.
OPS OFFICER REPORTED
THAT SEAT BELT FAILED
(IN PART OR IN TOTAL-DO
NOT KNOW).

REGIEVED INJURIES
AS FOLLOWS - BROKEN
HOSE TWO LOCATIONS
DAMAGED ORBITAL FLOOR
TO LEFT EYE. SLIGHT
NAILHOLE CRACK TO
LEFT CHEEK BOW
BRUISED STERNUM.

LOCATION OF ACCIDENT
ON RAMP TO A2 51
FROM SKY HARBOR
AIRPORT GOING EAST, PHOENIX
AZ.

Continue on additional page if necessary.

Describe any additional incidents. (include date and mileage)

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration. You are under no obligation to respond to this questionnaire. Your responses 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 an enforcement action or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of that agency's action.

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IS Form 350 (Rev. 5/99)

VEHICLE OWNER'S QUESTIONNAIRE (VOQ)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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

www.nhtsa.dot.gov/hotline

Complete and return or place in your car manual for future use



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 79173 WASHINGTON, D.C.
POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

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National Highway
Traffic Safety
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