



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

Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8333  
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 <b>05-MAR-01</b>	Date ____
Reference No.	Time ____
	Date ____
	Time ____

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) <b>1G2NE550454747798</b>	VEHICLE MAKE <b>Pontiac</b>	VEHICLE MODEL <b>Grandam</b>	MANUFACTURE DATE	MODEL YEAR <b>1995</b>
VEHICLE MANUFACTURER <input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other <input type="radio"/> Daimler/Chrysler <input checked="" type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW				
PURCHASE DATE <b>2-16-00</b>	DEALER'S NAME <b>Philips Used Cars</b>	CITY <b>Waxha</b>	STATE <b>NC</b>	ZIP CODE <b>28471</b>
ENGINE SIZE <b>V6</b>	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	RESTRAINT SYSTEM <input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Passengers de Airbag <input type="radio"/> Mercurbit <input type="radio"/> 3-Point Belt
NO. CYLINDERS	DRIVETRAIN <input checked="" type="radio"/> Front <input type="radio"/> 4-Wheel <input type="radio"/> Rear	VEHICLE TYPE <input checked="" type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle	DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hardtop <input checked="" type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon

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

COMPONENT <input type="radio"/> Child Seat <input checked="" type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System- Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input checked="" type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other: <b>transmission</b>	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><td>10</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	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	19	20													
	INCIDENT DATE <b>February 00</b> <b>June 01</b>	TIRE NAME	COMPLETE TIRE SIZE																				
MILEAGE AT INCIDENT <b>94,000</b> <b>106,000</b>	TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other																						
VEHICLE SPEED AT INCIDENT <b>35</b> <b>0 parked</b>	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement																						
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input checked="" type="radio"/> Yes <input type="radio"/> No <b>lost</b>	NHTSA PREVIOUSLY CONTACTED? <input checked="" type="radio"/> Yes <input type="radio"/> 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 <input type="radio"/> Yes <input checked="" type="radio"/> 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><td>10</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	CAUSE OF INCIDENT <input type="radio"/> Wear/Corrosion/Rust <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cur/Torn <input type="radio"/> Disconnect/Fel Off <input checked="" type="radio"/> Ergo/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Locks/Sticks/Grabs <input checked="" type="radio"/> Stability/Vibration <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input checked="" type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	1	2	3	4	5	6	7	8	9	10														
11	12	13	14	15	16	17	18	19	20															
FIRE <input type="radio"/> Yes <input checked="" type="radio"/> 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><td>10</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20			
1	2	3	4	5	6	7	8	9	10															
11	12	13	14	15	16	17	18	19	20															

PLEASE DO NOT WRITE IN THIS AREA



01972

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

This is a copy of the report from second shop put on Diag. Found ERTS Fuse Blows Forward Ignition Switch Sailure. Replaced Ignition and repaired wires. 2 Heating and air AC compressor will not work. Found shorted out Needs Compressor 3 Auto Trans, will not shift into D.D. and passing gear Diag code for Internal trans. failure. Will Need trans. This has happened twice the first mechanic said the trans was great sometime light switch went out. Put new one. The second time the same things happened as the first time. Replaced trans once needed to do it again. The first time the mechanic did not do diag. And the problem was the ERTS fuse and a short that burned wires.

Continue on additional page if necessary.

**Describe any additional incidents. (Include date and mileage)**

**The Privacy Act of 1974 - Public Law 93-576** This information is requested pursuant to the National Highway Traffic Safety Act and subsequent amendments. Your vehicle information is provided to the NHTSA for safety research. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. The NHTSA proceeds with administrative enforcement of the act only if you consent. Your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail Return to: NCS EN-250200-1 050421 HHSUS Printed in U.S.A.  
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1/5 Form 350 (Rev. 0/99)

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

# 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](http://www.nhtsa.dot.gov/hotline)



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 73173 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

Official Business  
Penalty for Private Use \$300

400 Seventh St., S.W.  
Washington, D.C. 20590

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