



Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8383  
 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>4/30/01</b>	Color _____
Reference No.	ft-dt _____
	cd-rt _____
	us-rt _____

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) <small>(Located at bottom of windshield on driver's side)</small> <b>1G2NE52T7XC563880</b>		VEHICLE MAKE <b>PONTIAC</b>	VEHICLE MODEL <b>GRAND AM</b>	MANUFACTURE DATE	MODEL YEAR <b>1999</b>	
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input checked="" type="checkbox"/> Other <b>PONTIAC</b> <input type="checkbox"/> Daimler/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW						
PURCHASE DATE <b>MAY 22<sup>ND</sup>, 1999</b>	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME <b>JIM BINO</b>	CITY <b>BRONX</b>	STATE <b>NY</b>	ZIP CODE <b>10467</b>	
ENGINE SIZE (CID/CC/L) NO. CYLINDERS <b>4</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	ANTILOCK BRAKES <input checked="" type="radio"/> Yes <input type="radio"/> No	RESTRAINT SYSTEM <input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> Multi-belt <input type="radio"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No
DRIVETRAIN <input 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"/> Hatchback <input checked="" type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon		

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

COMPONENT <input type="checkbox"/> Child Seat <input checked="" type="checkbox"/> Electrical Lights & Alarms <input checked="" type="checkbox"/> Engine & Cooling System <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input checked="" type="checkbox"/> Service Brakes <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Structure <input checked="" type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input checked="" type="checkbox"/> Other <b>Ball Bearings</b> <b>Tire Rod</b> <b>Caliper (Brake)</b>	NO. OF FAILURES <b>9</b>	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).			
	INCIDENT DATE <b>N/A</b>				
	MILEAGE AT INCIDENT <b>N/A</b>	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other			
	VEHICLE SPEED AT INCIDENT <b>N/A</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	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 <b>0</b>	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Noisy <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Leaks <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Short <input type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Loose/Sticks/Grabs <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Broken <input checked="" type="checkbox"/> <b>PIECE OF GARBAGE</b>	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <b>0</b>		

PLEASE DO NOT WRITE IN THIS AREA

02649

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

I PURCHASED MY CAR (99' PONTIAC GRAND AM) BRAND SPANKIN' NEW & OVER THE COURSE OF THE LAST 2 YEARS I HAVE GOTTEN NOTHING BUT TROUBLE GRIEF & STRESS THE CAR DRIVES HORRIBLY AS IF IT WERE 15 YRS OLD. EVERY WEEK I HAVE A NEW PROBLEM WITH IT, I'VE HAD MANY CARS, SO I KNOW ABOUT THEM, AND THIS VEHICLE IS A STATE OF THE PIECE OF SHIT (SORRY FOR THE PROFANITY) OBVIOUSLY THEY WERE BEING LAZY WHEN THEY PUT TOGETHER MY CAR.

Continue on additional page if necessary.

Describe any additional incidents. (include date and mileage)

The Privacy Act of 1974—Public Law 93-579 The 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 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 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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HS Form 350 (Rev. 11/94)

# 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



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



U.S. Department of Transportation  
National Highway Traffic Safety Administration  
400 Seventh St., S.W.  
Washington, D.C. 20590  
Official Business  
Penalty for Private Use \$300

8822-25



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

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