



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 <u>7/11/01</u>	City _____
Reference No. _____	State _____
	Zip _____

## OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) <u>1G2WP12KXVF268413</u>	VEHICLE MAKE <u>PONTIAC</u>	VEHICLE MODEL <u>GRAN PRIS</u>	MANUFACTURE DATE	MODEL YEAR <u>1997</u>
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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"/> Daimler/Chrysler	<input checked="" type="radio"/> General Motors	<input type="radio"/> Hyundai	<input type="radio"/> Saab	<input type="radio"/> Toyota
<input type="radio"/> Volvo	<input type="radio"/> Other _____	<input type="radio"/> VW		

PURCHASE DATE <u>2-24-97</u>	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME <u>MORRISON PONTIAC</u>	CITY <u>JAY</u>	STATE <u>FL</u>	ZIP CODE <u>32207</u>
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ENGINE SIZE CID/CC/L	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL
NO CYLINDERS <u>6</u>	<input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	<input type="radio"/> Diesel <input checked="" type="radio"/> Gas	<input type="radio"/> Manual <input checked="" type="radio"/> Automatic	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Driverside Airbag <input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> 3 Point Belt	<input checked="" type="radio"/> Yes <input type="radio"/> No

DRIVETRAIN	VEHICLE TYPE	DOORS	BODY STYLE
<input checked="" type="radio"/> Front <input type="radio"/> Rear	<input checked="" type="radio"/> Car <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle	<input checked="" type="radio"/> 2-Door <input type="radio"/> 4-Door	<input type="radio"/> Hatchback <input type="radio"/> Pick Up Truck <input checked="" type="radio"/> Sedan <input type="radio"/> Stationwagon

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

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input checked="" type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System/Exhaust <input type="radio"/> Heater/Defrost/Ventilator <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other <u>Air Conditioner Switch</u>	NO. OF FAILURES <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <u>Approx May 26, 2001</u>	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT <u>Approx 69,000</u>	TIRE BRAND	
	VEHICLE SPEED AT INCIDENT <u>Approx 50 to 55 mph</u>	<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 _____	

HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input checked="" type="radio"/> No
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### 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 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Frust <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnected/Fell Off <input checked="" type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Nasty <input type="radio"/> Leaky <input type="radio"/> Short <input type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Stability/Vibration <input checked="" type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	TIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

PLEASE DO NOT WRITE IN THIS AREA



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

A defect in switch that regulates on/off of air conditioner was not repaired  
DAN

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 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

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HS Form 350 (Rev. 8/99)

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

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

**VEHICLE  
OWNER'S  
QUESTIONNAIRE  
(VQQ)**

**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)

U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

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

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