



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>

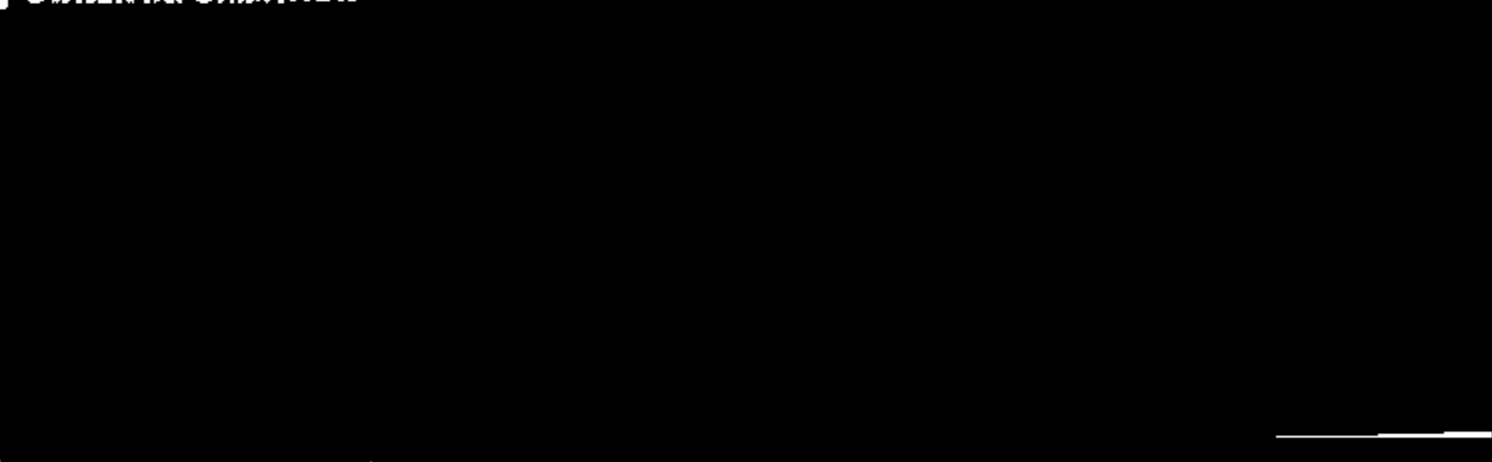
Use a No. 2 pencil or a blue or black ink pen only.

CORRECT MARK:

FOR AGENCY USE ONLY

Date Received 9/25/01	Officer
Reference No.	Model
	Year
	Unit

OWNER INFORMATION (Type or Print)



VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 1G2NE15D85M55E381		VEHICLE MAKE Pontiac	VEHICLE MODEL Grand Am	MANUFACTURE DATE GM	MODEL YEAR 1995	
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"/> Daewoo/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 5/19/95	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME Park Pontiac	CITY New York	STATE NY	ZIP CODE 11040	
ENGINE SIZE (CID/CC) NO. CYLINDERS 4	FUEL SYSTEM <input type="radio"/> Turbo <input 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"/> Driver's Side Airbag <input type="radio"/> 2 Point Belt <input type="radio"/> Passenger Side Airbag <input type="radio"/> Motorbel <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 type="radio"/> Car <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Truck <input type="radio"/> Motorcycle <input type="radio"/> Other		DOORS <input type="radio"/> 2-Door <input type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Stationwagon <input type="radio"/> Pickup Truck		

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input 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 checked="" type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other	NO. OF FAILURES 2	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE 8/27/01	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT 30295	TIRE BRAND	Failure of GM to fix bike time and refused to fix again
	VEHICLE SPEED AT INCIDENT any	<input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kary Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other	

HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input 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(es) on the back of this form.	CRASH <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF PERSONS INJURED 0	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Gull/Torn <input type="radio"/> Disconnection/Fat. Oil <input type="radio"/> Emission/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> No brakes	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
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES 0	<input type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Scent <input type="radio"/> Locker/Sticks/Grabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	

PLEASE DO NOT WRITE IN THIS AREA



DET 04581

crash(es), location(s), and injury(ies), include additional accidents if applicable.

Second time in 1 year my brakes failed - last time at 6600 they replaced master cylinder at a cost to me of over \$600 - now one again brake failed - I paid \$835 - dollars if home and since I hear no brakes I paid to have it towed to GM - they are refusing to pay to have it to them now and say can't fix it - didn't happen in start of them - meanwhile I have no BRAKES

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 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.

Form 859 (Rev. 8/95) NHTSA
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HS Form 350 (Rev. 8/95)

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

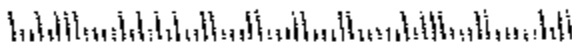
U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

Office: Business
Penalty for Private Use \$300

2059070002



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



**VEHICLE
OWNER'S**

**QUESTIONNAIRE
(V00Q)**

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



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www.nhtsa.dot.gov/hotline