



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

Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8383  
DC METRO AREA (202) 386-0123  
INTERNET: <http://www.nhtsa.dot.gov>

Form Approved: O.M.B. No. 2127-0008

## FOR AGENCY USE ONLY

Date Received: 1/17/08  
Reference No.:  
Color: \_\_\_\_\_  
Type: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Date: \_\_\_\_\_

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

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)				VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1G2WPS2K31P241734				Pontiac	Grand Prix	04 01 01	2001
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 type="checkbox"/> Other <input type="checkbox"/> Daihatsu/Chrysler <input checked="" type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW							
PURCHASE DATE	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE		
8/27/01		Mike Smith	Lockport	NY	14094		
ENGINE SIZE (CID/CC/D)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL	
3.8	<input type="checkbox"/> Turbo <input type="checkbox"/> Fuel Injection	<input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Inverse Airbag <input type="checkbox"/> 2 Point Belt <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorcyclist <input checked="" type="checkbox"/> 3 Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NO. CYLINDERS	DRIVETRAIN		VEHICLE TYPE		DOORS	BODY STYLE	
6	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		<input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle		<input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door	<input type="checkbox"/> Hatchback <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Sedan <input type="checkbox"/> Stationwagon	

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

<b>COMPONENT</b> <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input 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 type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT	TIRE BRAND	
	VEHICLE SPEED AT INCIDENT	<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	
<b>FAILED PART(S)</b> <input type="checkbox"/> Original <input type="checkbox"/> Replacement	<b>FAILED PART(S) AVAILABLE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>NHTSA PREVIOUSLY CONTACTED?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>HANDICAPPED ADAPTIVE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

### APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	<b>CRASH</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>NUMBER OF PERSONS INJURED</b> <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	<b>CAUSE OF INCIDENT</b> <input type="checkbox"/> Wind/Comped/Bust <input type="checkbox"/> Wheel/Poor Hi/Lowset <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Distraction/Full OF <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort	<input type="checkbox"/> Noddy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Strike/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	<b>RESULT OF INCIDENT</b> <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input checked="" type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Skids <input type="checkbox"/> Sudden Acceleration
	<b>FIRE</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>NUMBER OF FATALITIES</b> <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), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

In some weather reflection on interior of front windshield from dash pad very bad and every detail of dash is reflected onto windshield causing strain on eyes also causing distortion of material objects on dash 10 cents seems a Teg My cloth is gray windshield like looking thru plastic glass. Inspectors put repair instructions reflected back on windshield.

Continue on additional page if necessary.

Describe any additional incidents. (include date and mileage)

The Privacy Act of 1974—Public Law 93-502. 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 response, or a similar statement, if used, may be used in support of the agency's action.

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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

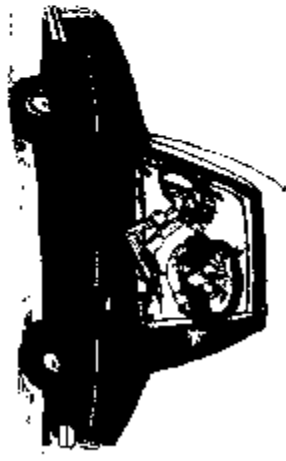
**DASH 2 DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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