


DOT Auto Safety Hotline		FOR AGENCY USE ONLY 231	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) HANCOCK ME		Date Received 09-DEC-2002 OFFICE INVESTIGATION	Cd_or _____ Rt_dt _____ Od_rt _____ Up_tr _____ Reference No. 8023858
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a signature, this form is to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date 12/2/02	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G2NE52T6XS83589	Vehicle Make PONTIAC	Vehicle Model GRAND PRIX	Vehicle Year 1999 Current Odometer Reading
Purchase Date May 5 - 2002 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name <u>Cherling's Auto</u> City <u>ENSWORTH</u> State <u>ME</u> Zip Code <u>04605</u>		Engine Size (CID/CC/L) _____ No. Cylinders _____ <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel		Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 11800000	Part Name(s) AIR CONDITIONER Air Conditioner Unit	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) <u>JUNE 5 - 2002</u> Mileage at Failure(s) <u>32,000</u> Vehicle Speed at Failure(s) <u>55 miles per hour</u>	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 4	Number of Fatalities _____
Estimated Property Damage _____		Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
CONSUMER STATE AFTER TAKING A LONG TRIP CONSUMER AND PASSENGER BECAME SICK DEALER WAS CONTACTED, SERVICE VEHICLE AND NOTICE FREON LEAKING FROM AC UNIT PLEASE PROVIDE FURTHER INFORMATION. PH			

CONTINUE ON BACK IF NEEDED

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

This 1999 I purchased in May 2002 400000 on a long trip from Maine to Nashville and this air conditioning unit left in New York and leaked antifreeze. After the perceptive accident the freeze was completely gone when the mechanic checked this car at Auto Buys of the Thorsen Road in Hancock ME 04640 State Gov will not send us any medical forms. The state Attorney General has said this is left unresolved. I have been trying to get an attorney no luck yet. I see other 1999 Chevrons have been recalled with same problem. I at the bank repossess the car because it was making me really sick from the toxins and mildew. This is something that not be overlooked - we have all not felt good since the long trip. I hope this situation will be resolved. ATTACH ADDITIONAL SHEETS IF NECESSARY

One day before the trip to Nashville the car was taken to check this for a complete check and said everything looked fine. Enjoy my trip.

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

BUSINESS REPLY MAIL

FIRST CLASS 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 DOT Auto Safety Hotline, NSA-10.1 400 7th Street, SW Washington, DC 20590

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

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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