

FOR AGENCY USE ONLY

Date Received: 10/3/01
 Reference No. _____
 Old or _____



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: ●

OWNER INFORMATION (Type or Print)

VEHICLE IDENTIFICATION INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side) 1G2NWJ2E7AM803275 VEHICLE MAKE Pontiac VEHICLE MODEL Grand Prix MANUFACTURE DATE _____ MODEL YEAR 1999

VEHICLE MANUFACTURER
 BMW Ford Honda Nissan Subaru Volvo Other
 Daihatsu/Crysler General Motors Hyundai Isuzu Toyota Vw

PURCHASE DATE 9-6-99 DEALER'S NAME FOX CHEVROLET CITY LAUREL STATE MD ZIP CODE 20707
 New Used SP1 Washington Blvd

ENGINE SIZE _____ FUEL SYSTEM _____ FUEL TYPE _____ TRANSMISSION TYPE _____ ANTILOCK BRAKES _____ RESTRAINT SYSTEM _____ CRUISE CONTROL _____
 Turbo Diesel Gas Manual Automatic Driverside Airbag 2-Point Belt Yes No
 Fuel Injection Passenger-side Airbag Minivan Yes No
 3-Point Belt

DRIVETRAIN _____ VEHICLE TYPE _____ DOORS _____ BODY STYLE _____
 Front 4-Wheel Car Minivan Truck Other
 Rear Van Sport Utility Motorcycle 2-Door 4-Door Hatchback Sedan Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT _____ NO. OF FAILURES _____
 Child Seat Electrical Lights & Alarms Engine & Cooling System Equipment Fuel System, Exhaust Heater, Defrost, Ventilation Interior Parking Brake Power Train Service Brakes Steering Structure Suspension Visual Systems Other Lubrication System Engine

INCIDENT DATE April 2 - July 8 2001 TIRE NAME _____ COMPLETE TIRE SIZE _____
 MILEAGE AT INCIDENT 21942 - 25534 TIRE BRAND _____
 VEHICLE SPEED AT INCIDENT 35 mph. BF Goodrich Cooper Firestone Goodyear Kelly Springfield Michelin Yokohama Other

FAILED PART(S) _____
 Original Replacement

HANDICAPPED ADAPTIVE _____ FAILED PART(S) AVAILABLE? _____ NHTSA PREVIOUSLY CONTACTED? _____
 Yes No Yes No Yes 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 Yes No NUMBER OF PERSONS INJURED _____ CAUSE OF INCIDENT _____ RESULT OF INCIDENT _____
 Yes No 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

FIRE Yes No NUMBER OF FATALITIES _____
 Yes No 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

CAUSE OF INCIDENT: Wear/Corroded/Rust Loose Short Locks/Straps/Cables Stability/Vibrator Broken Wears/Poor Fit/Loose Cut/Torn Disconnect/Fall Off Erratic/Poor Performance Excessive Effort Noisy Leaks Short Locks/Straps/Cables Stability/Vibrator Broken

RESULT OF INCIDENT: Explosion/Fire Loss of Control Poor Visibility Inadvertent Start Rollover Stalls Sudden Acceleration

PLEASE DO NOT WRITE IN THIS AREA



04681

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

In the month of March 2001 I noticed that when I started the car it begins to have a noise that will increase when I accelerate.

I took it to the dealer and they said that I need at that time to change the the pad for the brake lines (brake lines).

I took the car 4 times (see copy of letter paper) and still the car is in the same condition. They can't describe what is wrong with the car.

My dissatisfaction is because it's the only one to drive it, this is a new car and it's only had less than 2 years.

I will take the car back again this week for the

Continue on additional page if necessary.
Describe any additional incidents. (Include date)

The Privacy Act of 1974—Public Law 93-579. The information is requested pursuant to authority vested in the National Highway Traffic Safety Administration. 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.

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HS Form 950 (Rev. 8/99)

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IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATIONAL HIGHWAY 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



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
(DAS-1) 2 DOT



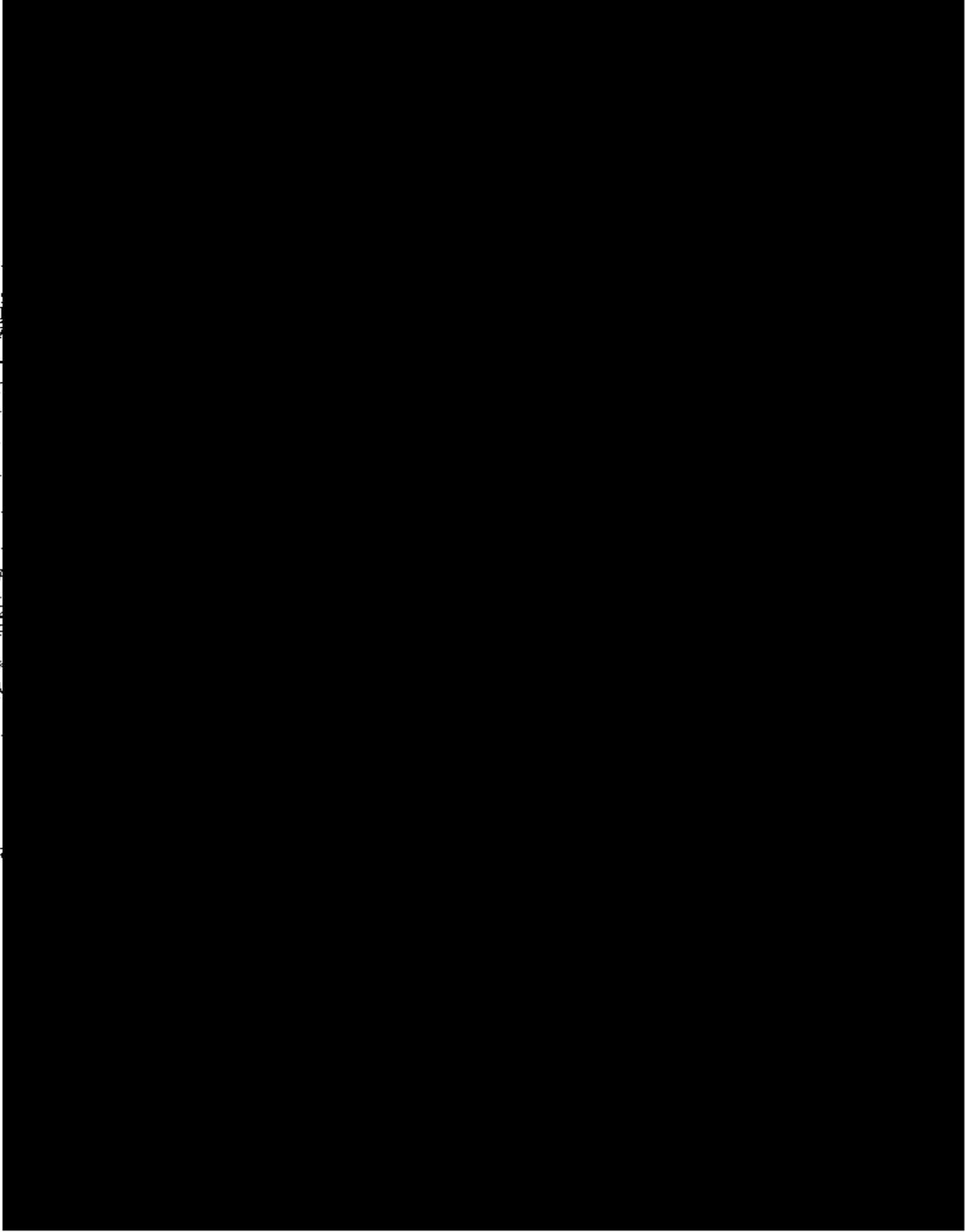

U.S. Department of Transportation
National Highway Traffic Safety
Administration
www.nhtsa.dot.gov/hotline

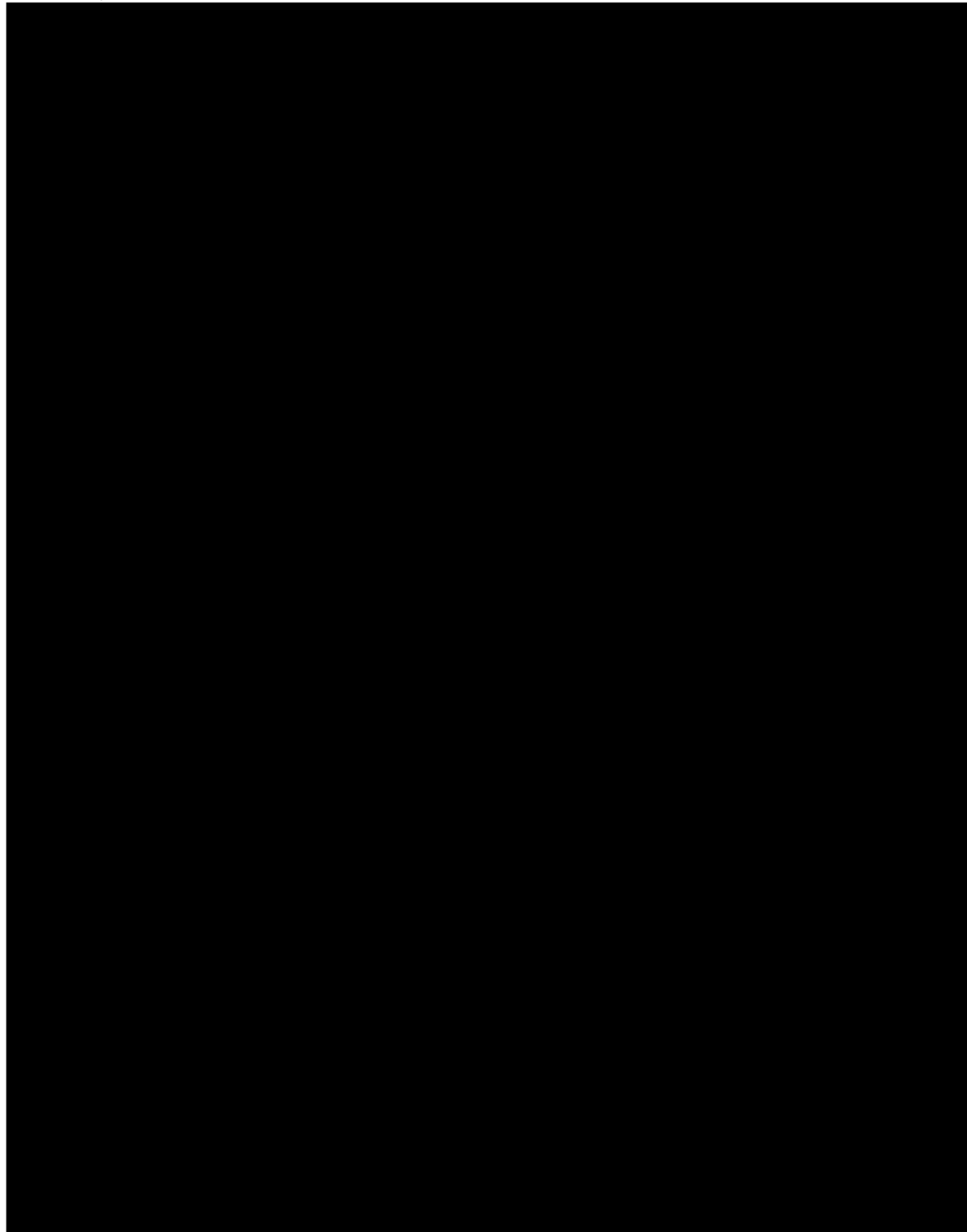
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INFORMATION ACT, 5 U.S.C. 552(B)(6)

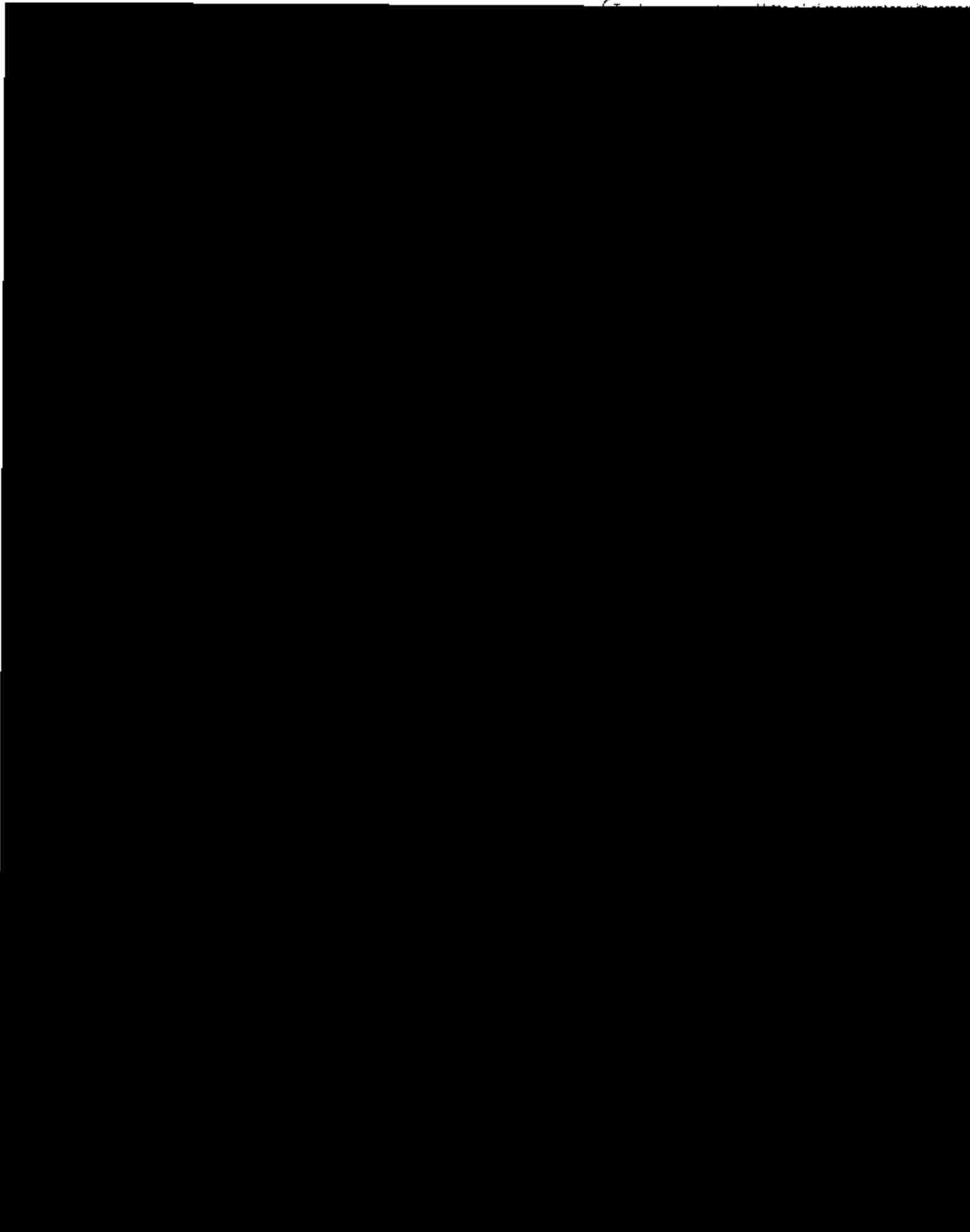
(Page 1 through Page 7)

THIS AMOUNT

0.00







Maryland residents insurance policies with collision coverage auto- INVOICE
cally extend that collision coverage to passenger cars rented by



CUSTOMER COPY