

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>			<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire</p> <p>To Report Vehicle Safety Defects</p> <p>1-888-DASH-2-DOT (1-888-327-4236)</p> <p>INTERNET: www.nhtsa.dot.gov/hotline</p>			<p>FOR AGENCY USE ONLY 100148</p>			
			<p>Date Received</p> <p>20-MAY-2005</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 10121705</p>				
OWNER INFORMATION (Type or Print)						Daytime Telephone Number		E-mail Address	
Name		Address		City		State		Zip Code	
				CASTLETON		NY			
<p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date: ___/___/___</p>									
VEHICLE INFORMATION									
17 digit Vehicle Identification Number: Located at bottom of windshield on driver's side				Make		Model		Model Year	
1G1ND52J0X6				CHEVROLET		MALIBU		1999	
Date Purchased		Dealer's Name and Telephone Number				Engine:		Fuel Type:	
19-AUG-99						No: Cylinders 6		Gas	
Original Owner		Dealer's City		State		Zip Code			
<input checked="" type="checkbox"/>									
Transmission Type		<input checked="" type="checkbox"/> Antilock Brakes		Powertrain		Vehicle Component Code			
AUTOMATIC		<input type="checkbox"/> Cruise Control		FRONT WHEEL DRIVE		036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK			
						Multiple Failure: 3			
FAILED COMPONENT(S)/PART(S) INFORMATION									
Incident Date(s)		Failure Mileage		Failure Speed					
15-APR-2003		69,826							
83,927; 107,922 ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE									
Tire Make			Tire Model (Name or Number)			Tire Size (Example P215/65R15)			
DOT No. (Example: DOTMAL9ABC036)			<input type="checkbox"/> Original Equipment		Failure Location:				
			<input type="checkbox"/> Prior Repair						
Tire Component Code						Tire Failure Type			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE									
Make:			Date Manufactured:			Model No./Name:			
Seat Type:			Installation System:						
Child Seat Component Code:			Failed Part:						
APPLICABLE INCIDENT INFORMATION									
(Please describe in detail the incident(s) Failure(s), Crash(es), and injury(ies).)									
Crash		Fire		Number of Persons Injured		Number of Deaths		Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						N	
Narrative Description of Incident(S), Crash(es), and Injury(ies).									
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).									
CONSUMER STATES: HAD TO REPLACE ABS BEARING 3 TIMES. THE LIGHT CAME TWICE, ONE REPLACED THEN THE NEXT ONE. THIRD TIME BEARING REPLACED ALL PART OF SAME ASSEMBLY. THIRD TIME WAS MAKING A FUNNY NOISE. FELT LIKE SALT PLAY A FACTORY. *AK									
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.						ATTACH ADDITIONAL SHEETS IF NECESSARY			
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 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.									



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

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

See attached.

NVS-216 aaj

Dear Consumer:

As a result of your recent report to the DOT Auto Safety Hotline (DOT Hotline), we have recorded that report on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe is(are) relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the driver's door or the drivers door jam. It may also be listed on the dealer's repair invoices. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-address portion of the form is on the out side. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-address portion of the form is showing.

If further assistance is needed, please contact Mr. Michael J. Jordan, Safety Defects Program Assistant, Correspondence Research Division, Office of Defects Investigation, at (202) 493-0576.

Thank you for your cooperation.

Sincerely,

Alberto A. Jimenez, Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosures: VOQ

DOT Hotline Pamphlet



DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-327-4236

THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).