

785367

From: siracusa@publicinteractive.com
To: Young, Beverly <NHTSA>, Jimenez, Alberto <NHTSA>
Date: 3/22/01 7:23AM
Subject: Car Talk VOQ submission

* This data was submitted via a fill-in form at the Cartalk web site
* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) if you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Wednesday, March 21st 2001 at 11:19:18 PM

VEHICLE OWNER'S QUESTIONNAIRE
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OWNER INFORMATION

NAME
ADDRESS
CITY
TELEPHONE

NHTSA authorized to send a copy of this report to the manufacturer: No

VEHICLE INFORMATION

VIN: 1G1NE52MXXY114841
MAKE: Chevy
MODEL: Malibu
YEAR: 1999

ODOMETER: 49,856
PURCHASE DATE: NEW OR USED: Used

DEALER NAME: Don Miller Chrysler Plymouth Dodge
ADDRESS: Madison, WI 53704

ENGINE SIZE:
CYLINDERS: 6

FUEL INJECTION: Yes
TURBO: No
FUEL TYPE:
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes
DRIVETRAIN: Front

DRIVER AIRBAG: Yes
PASSENGER AIRBAG: Yes
3-POINT BELT: No
MOTOR BELT: No
2-POINT BELT: No
BODY STYLE: 4-Door

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: Brakes

PART NAME(S):

LOCATION: Left Front

NUMBER OF FAILURES: Constant

DATE(S) OF FAILURES: Constant

MILEAGE AT FAILURE(S): 35,000

SPEED AT FAILURE(S): All

MANUFACTURER CONTACTED: No

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: No
FIRE: No

NUMBER OF PERSONS INJURED:
NUMBER OF FATALITIES:
ESTIMATED PROPERTY DAMAGE: \$

DRIVER AIRBAG DEPLOYED: No
PASSENGER AIRBAG DEPLOYED: No

REPORTED TO POLICE: No

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT
TIRE MANUFACTURER:
TIRE NAME:
TIRE SIZE:

ADDITIONAL COMMENTS

6 mos. after purchased, brakes make car shake excessively. It's REALLY bad!
Hard to control on ice & snow at high speeds when need to slow down. Also
hear low hum coming from front of vehicle. Not sure what that is yet.

END OF FORM



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 778

Date Received

22-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

785367

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G1NE52MXXY114841	CHEVROLET	MALIBU	1999			
Purchase Date <input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) 6 CYL	No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input 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 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 type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03200000 02100000	Part Name(s) BRAKES:HYDRAULIC SYSTEM SUSPENSION:INDEPENDENT FRONT	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

6 MONTHS AFTER PURCHASE AND PRESENTLY, LEFT FRONT BRAKES CAUSE VEHICLE TO SHAKE, CONSUMER STATES VEHICLE IS HARD TO CONTROL ON ICE AND SNOW AT HIGH SPEEDS, CONSUMER ALSO HEARS A LOW HUM COMING FROM FRONT OF VEHICLE, SOUND COULD BE BRAKE RELATED OR A SUSPENSION PROBLEM. *JB

COPIED FROM NHTSA FORM 101

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.