



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 758**

Date Received

03-MAY-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8009139

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		
1G1ND52JXX6228892	CHEVROLET	MALIBU	1999			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		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 type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input 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 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 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	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	Dates of Failure(s) 01-MAY-2000 Mileage at Failure(s) 46000 Vehicle Speed 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
---	--	---------------------------	----------------------	--------------------------	---

### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**WHEN MAKING TURNS ABS LIGHT COMES ON INTERMITTENTLY, CONSUMER WILL THEN SHUT OFF ENGINE AND RESTART. ABS LIGHT WILL THEN BE OFF. MECHANIC CANNOT FIND A CAUSE.**

COPIES OF THIS FORM ARE:

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.



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

DOT Auto Safety Hotline

# Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

### FOR AGENCY USE ONLY

758

Date Received

02 JUN -5 AM  
03-MAY-2002  
OFFICE  
DEFECTS INVESTIGATION

Od. or rt. dr. up. hr. \_\_\_\_\_  
\_\_\_\_\_

Agency No.  
8009139

### OWNER INFORMATION (Type or Print)

[Redacted Name]  
[Redacted Address]

752207

NEW MIDDLETOWN OH 44442

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of your signature, your name and address to the vehicle manufacturer.

Signature of Owner [Redacted] Date 5/14/02

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1G1ND52JXX6228892  
Vehicle Make CHEVROLET Vehicle Model MALIBU Vehicle Year 1999 Current Odometer Reading 46,500

Purchase Date \_\_\_\_\_ Dealer's Name RANS AUTO SALES Engine Size (CID/CCL) NOT SURE Turbo Diesel Gas Fuel Injectio   
 New  Used City BESSMER State PA Zip Code 16112 No Cylinders 6

Transmission Type  Manual  Automatic Antilock Brakes  Yes  No Restraint System  3-Point Belt  Motorbelt  2-Point Bel  Driverside Airbag  Passengerside Airbag Cruise Control  Yes  No Drive Train  Front  Rear  4-Wheel Vehicle Type  Car  Van  Minivan  Other Sport Utl Truck Motorcycle Body Style  2-Door  4-Door Stationwagon  Pick Up Truck

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

Component 03250000 Part Name(s) BRAKES-HYDRAULIC:ANTI-SKID SYSTEM Location *RIGHT*  Left  Right  Front  Rear Failed Part(s)  Original  Replacement

No of Failures MANY Date(s) of Failure(s) 01-MAY-2000 Mileage at Failure(s) 46000 Vehicle Speed at Failure(s) TURNING SPEED Failed Part(s)  Yes  No NHTSA Previously  Yes  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  Yes  No Fire  Yes  No Number of Persons injured \_\_\_\_\_ Number of Fatal ties \_\_\_\_\_ Estimated Property Damage \_\_\_\_\_ Reported to Police  Yes  No

### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN MAKING TURNS ABS LIGHT COMES ON INTERMITTENTLY, CONSUMER WILL THEN SHUT OFF ENGINE AND RESTART. ABS LIGHT WILL THEN BE OFF. MECHANIC CANNOT FIND A CAUSE.

*Columbian Chevrolet motor Co. is out of business  
140 Park Ave.  
Columbian Oh. 44408*

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 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)

The ABS light was not working right when I fixed the car. I had to have a new motor put in the car the motor had a brush down in the piston plates. Dec-14-2000 (33,743) next oil change had them check ABS light (34,763) they said every-thing checked O.K. made a check out O.K. they bracket it off. (Feb 5-01) next oil change same story as above (37083 - May 15-2001) next oil change looked into ABS light took wheels off, align front end inspected everything but the light still came on at different times. they wanted to put sensor in front wheel but the car was worse then I could afford. (39,700) Aug 10-01 next oil change ask about ABS light. same story as above they said it was a history of the sensor <sup>maybe</sup> to go bad. but it might be the wire across to the sensor <sup>maybe</sup> - ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300

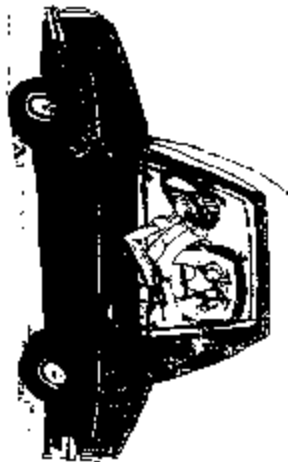


NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**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



US Department of Transportation  
National Highway Traffic Safety Administration  
<http://www.nhtsa.dot.gov/hotline>

DOT Auto Safety Hotline  
(DASH) 2 DOT

**1-888-DASH-2-DOT**  
**1-888-327-4236**

and dial toll free at

**DASH2DOT**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DOT AUTO SAFETY HOTLINE**

**QUESTIONNAIRE**



**VEHICLE  
OWNER'S**

**THE FOLLOWING PAGES ARE WITHHELD 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)**

*(Page   1   through Page   7  )*

