



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 1362

Date Received

19-JUN-2002

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

Reference No.

8012105

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)<br><small>(Locate at bottom of<br/>windshield or driver's side)</small> |                                                             | Vehicle Make                                                                                                                                                                                                       | Vehicle Model                                               | Vehicle Year                                                                                                                                                                            | Current Odometer Reading                                                                                                           |
| 1G1ND52J2Y6150559                                                                                |                                                             | CHEVROLET                                                                                                                                                                                                          | MALIBU                                                      | 2000                                                                                                                                                                                    |                                                                                                                                    |
| Purchase Date                                                                                    | Dealer's Name                                               |                                                                                                                                                                                                                    | Engine Size<br>(CID/CC/L)                                   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                                            |                                                                                                                                    |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                            | City _____ State _____ Zip Code _____                       |                                                                                                                                                                                                                    | No Cylinders                                                |                                                                                                                                                                                         |                                                                                                                                    |
| Transmission Type                                                                                | Antilock Brakes                                             | Restraint System                                                                                                                                                                                                   | Cruise Control                                              | Drive Train                                                                                                                                                                             | Vehicle Type                                                                                                                       |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                     | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other |
|                                                                                                  |                                                             |                                                                                                                                                                                                                    |                                                             | <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle                                                                             |                                                                                                                                    |
|                                                                                                  |                                                             |                                                                                                                                                                                                                    |                                                             | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |                                                                                                                                    |

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

|                       |                                                                             |                                                                                                                                          |                                                                                             |
|-----------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>02132000 | Part Name(s)<br>SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN            | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Dates of Failure(s)<br>Mileage at Failure(s)<br>Vehicle Speed at Failure(s) | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

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

WHILE DRIVING HEARD A POPPING NOISE. TOOK VEHICLE IN FOR SERVICE, AND MECHANIC STATED THAT BALL JOINTS NEEDED TO BE REPLACED. \*AK

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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |                                                                                                                                                                                                                                              |                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONALWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                            |                                                                                        | <b>FOR AGENCY USE ONLY</b> 1362                                                                                                                                                                                                              |                                                                                                                                                                                                |
| <b>OWNER INFORMATION</b><br>Name: [REDACTED]    Address: [REDACTED]    City: <b>WEATFIELD</b> State: <b>IN</b> Zip: <b>46079</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        | Date Received: <b>13-JUN-2002</b>                                                                                                                                                                                                            | Od or rt_dt: _____<br>Ed_rtr: _____<br>up_ltr: _____                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        | Reference No.: <b>8012105</b>                                                                                                                                                                                                                |                                                                                                                                                                                                |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorization, NHTSA will not provide your name and address to the vehicle manufacturer.                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                          |                                                                                                                                                                                                |
| Signature of Owner: [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        | Date: <b>7.5.02</b>                                                                                                                                                                                                                          |                                                                                                                                                                                                |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |                                                                                                                                                                                                                                              |                                                                                                                                                                                                |
| Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)<br><b>1G1ND52J2Y8150559</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Vehicle Make<br><b>CHEVROLET</b>                                                       | Vehicle Model<br><b>MALIBU</b>                                                                                                                                                                                                               | Vehicle Year<br><b>2000</b>                                                                                                                                                                    |
| Current Odometer Reading<br><b>67,044</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        | Engine Size (CID/GC/L)<br><b>6</b>                                                                                                                                                                                                           |                                                                                                                                                                                                |
| Purchase Date<br><b>1-27-01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dealer's Name<br><b>HARBOR</b>                                                         |                                                                                                                                                                                                                                              | Turbo Diesel Gas Fuel Injection<br><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection              |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | City <b>MERRIVILLE</b> State <b>IN</b> Zip Code <b>46410</b>                           |                                                                                                                                                                                                                                              | No Cylinders <b>6</b>                                                                                                                                                                          |
| Transmission Type<br><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Antilock Brakes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                     |
| Drive Train<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        | Vehicle Type<br><input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other                                                                                         | Body Style<br><input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                                                                                                                                                                                              |                                                                                                                                                                                                |
| Component<br><b>82132000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Name(s)<br><b>SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN 1</b>              |                                                                                                                                                                                                                                              | Location<br><input type="checkbox"/> Left <input checked="" type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear                                            |
| Failed Part(s)<br><input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        | No of Failures<br><b>2</b>                                                                                                                                                                                                                   |                                                                                                                                                                                                |
| Date(s) of Failure(s)<br><b>4-25-01    06-18-02</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        | Mileage at Failure(s)<br><b>34,189    64,343</b>                                                                                                                                                                                             |                                                                                                                                                                                                |
| Vehicle Speed at Failure(s)<br><b>34,189    64,343</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        | Failed Part(s)<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                        |                                                                                                                                                                                                |
| NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                     |                                                                                                                                                                                                |
| <b>APPLICATION INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |                                                                                                                                                                                                                                              |                                                                                                                                                                                                |
| (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |                                                                                                                                                                                                                                              |                                                                                                                                                                                                |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            | Number of Persons Injured<br><b>0</b>                                                                                                                                                                                                        | Number of Fatalities<br><b>0</b>                                                                                                                                                               |
| Estimated Property Damage<br><b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                        | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                               |                                                                                                                                                                                                |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                        |                                                                                                                                                                                                                                              |                                                                                                                                                                                                |
| <b>WHILE DRIVING HEARD A POPPING NOISE. TOOK VEHICLE IN FOR SERVICE, AND MECHANIC STATED THAT BALL JOINTS NEEDED TO BE REPLACED. *AK</b><br><i>This vehicle was taken to Weiss Chev. in De Motte, In. with this problem before the warranty was out. They said nothing was wrong. I went on a 2,000 mile trip and guess what the ball joint went out, it was under 30,000 miles when the problem started.</i>                                                                                                                                                                    |                                                                                        |                                                                                                                                                                                                                                              |                                                                                                                                                                                                |
| 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. |                                                                                        |                                                                                                                                                                                                                                              |                                                                                                                                                                                                |

*But, oh well, it takes how many deaths before  
 anyone admits there is a problem*

**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)**

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