Form Approved: OMB No. 2127-0042

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
od_rt
np_ltr

Reference No.: 8012105

[redacted]

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.) (Location of number and check digit)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1G1ND52J2Y6150559	CHEVROLET	MALIBU	2000	

Purchase Dat
☐ New ☒ Used

Dealer's Name_____
City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
02132000	SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ 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

CONTINUED ON REVERSE

Form Approved: O.M.B. No. 2127-0006

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 1362

Date Received: 19-JUN-2002
OFFICE OF DEFECTS INVESTIGATION

Od_or
rt_dt
ed_rt
up_ltr

Reference No. 8012105

OWNER INFORMATION

[redacted] 759799

[redacted] WEATFIELD IN [redacted]

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 an [illegible] NHTSA will NOT provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 7/5/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1G1ND52J2Y6150559	CHEVROLET	MALIBU	2000	67,044

Purchase Date: 1-27-01 ☐ New ☒ Used
Dealer's Name: HARBOR
City: MERRIVILLE State: IN Zip Code: 46410
Engine Siz (CID/CC/L ___ No Cylinders 6
☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
82132000	SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN T	☐ Left ☒ Right ☐ Front ☐ Rear	☒ Original ☒ Replacement

No of Failures: 2
Date(s) of Failure(s): 4-25-01 06-18-02
Mileage at Failure(s): 34,184 64,343
Vehicle Speed at Failure(s):
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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☐ 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

This vehicle was taken to Wiss Chev. in DeMotte, 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 mile when the problem started.

CONTINUE ON BACK IF NEEDED

But, oh well, it takes how many deaths before [illegible]

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 3)