

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline</p>	FOR AGENCY USE ONLY 1375	
	Date Received 27-NOV-2002 OFFICE EFFECTS INVESTIGATION	Od_or rt_dt od_rt up_tr
OWNER INFORMATION (Type or Print)		Reference No. 8023404
CUBA NY		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 authorized NHTSA representative, this report is to be provided to the vehicle manufacturer.

Signature of Owner _____ Date 12/10/02

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G1NE52JX2L28	Vehicle Make CHEVROLET	Vehicle Model MALIBU	Vehicle Year 1999	Current Odometer Reading 46346		
Purchase Date 5/15/97	Dealer's Name ...		Engine Siz (CID/CC/L) 3.1	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City ...	State ...	Zip Code ...	No Cylinders 4		
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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" 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 checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <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 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 10-11-2002	Date(s) of Failure(s) 01-SEP-2002 + MORE	Mileage at Failure(s) ...	Vehicle Speed at Failure(s) ...
		Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage 0	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

CONSUMER STATED THAT ABS LIGHT WAS INTERMITTENTLY ILLUMINATING. TOOK VEHICLE TO DEALER WHO WAS NOT ABLE TO DETERMINE CAUSE. NOW WHEN DRIVING, WHEN BRAKES ARE APPLIED, CONSUMER HEARS NOISE FROM "LEFT FRONT" OF VEHICLE AND ABS ENGAGES ITSELF. THIS CAUSED THE CAR TO "COAST" ALMOST COLLIDED WITH ANOTHER VEHICLE. TS

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

BRAKE + ABS LIGHTS COME ON INTERMITTENT SINCE
CAR WAS ALMOST NEW SAID TO BE COMMERCIAL
PROBLEM. CHECKS SEEM TO MEAN NOTHING. TELLING
CHECKOUT HAD VAN CALLED TODAY ONCE LAST
7 DAYS AND MANY TIMES FOR 1 DAY CHECKS.

DRIVES NOW RELEASES + LEAKS AT SEVERAL SPOTS
AND INTERMITTENT, TWICE ALMOST CAUSING
AIR TO LEAK WITH A CAR.

ALSO THE CAR IS ON THE THIRD SET
OF BRAKE PADS 2ND SET OF PETERS AND
REAR TIRE YARN AT 20K, FRONT END
ALIGN CHECKS + OK

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. 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



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

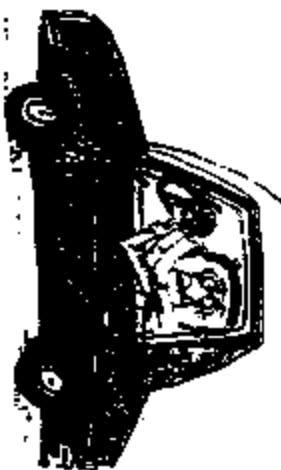
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
http://www.nhtsa.dot.gov/hotline