

U.S. Department
of TransportationNational 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 151

Data Received

18-JAN-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

855035

 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>(Listed at front of windshield or drivers side)</small>	Vehicle Make CHEVROLET	Vehicle Model MALIBU	Vehicle Year 1998	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle	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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06113000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:TANK	Location <input type="checkbox"/> Left <input type="checkbox"/> Frnt <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

DRIVER RAN OVER AN OBJECT IN THE VEHICLE AND IT RUPTURED THE GAS TANK, ALLOWING FUEL LEAKAGE. THIS IS DUE TO THE TANK BEING MOUNTED UNDER THE REAR SEATS. DEALER SAID IT WAS A ROAD HAZARD. *AK

CONTINUED ON BACK (REVERSE)

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.

Auto Safety Hotline		FOR AGENCY USE ONLY 151	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print) [Redacted] 584335		Date Received 00 JAN 29 AM 10:10 18 JAN 2000 OFFICE DEFECTS INVESTIGATION	Off. or rt. dt od. rt up. fr
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized signature, your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner [Redacted] Date 3/21/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of front field on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1G1NE52M2WY151879	CHEVROLET	MALIBU	1998
Purchase Date 2-14-98	Dealer's Name HOSKINS CHEVROLET	Engine Size (CID/CC/L) ?	Current Odometer Reading 26461
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City ELK GROVE VIL State IL Zip Code 60009-0175	No. Cylinders 6	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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 Belt <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 checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <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 08-113800	Part Name(s) FUEL:FUEL TANK ASSEMBLY:TANK	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 1	Date(s) of Failure(s) 11-27-99	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured NONE	Number of Fatalities 1
Estimated Property Damage \$500		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
DRIVER RAN OVER AN OBJECT IN THE VEHICLE AND IT RUPTURED THE GAS TANK, ALLOWING FUEL LEAKAGE. THIS IS DUE TO THE TANK BEING MOUNTED UNDER THE REAR SEATS. DEALER SAID IT WA A ROAD HAZARD. *AK			
CONTINUE ON BACK IF P			
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9 December, 1999

Mr. John F. Smith, Jr.
Chevrolet Motor Division, General Manager

Dear Mr. Smith,

On November 27, 1999 while driving my 1998 Malibu, I drove over a piece of road debris which flew up and ruptured the car's fuel tanks. The Chevrolet assistant service manager informed me this type of repair wasn't covered by the Chevrolet Warranty and I must pay for the replacement tanks. I don't understand the logic for this decision, it eludes me.

I contend the material used to construct the fuel tanks is defective as it didn't withstand the blow of the road debris. If the material was sufficient strength and thickness, the rupture wouldn't have happened.

Consequently, it is my view the tank ~~is~~ material was defective and the cost for the replacement tank should be covered by the Chevrolet Warranty and I should be reimbursed.

Besides it being a design flaw, the fuel tank is a safety hazard to all who ride in a Malibu. It isn't protected and it is in a very pregnable location. Not too long ago, six children burned to death in a van on a Chicago area interstate highway when their family van caught fire after it struck a piece of road debris. Fortunately, I didn't suffer the same fate when my car's fuel tank was ruptured and the gasoline leaked out.

Waiting to hear from you about this matter,
I am,

[REDACTED]

2622 SK

2622 SK

2622 SK

DO NOT USE THIS SPACE

CALL NO. 515

ORIGINATING CLUB CODE 020

ORIGINATING CLUB NAME AAA-CHICAGO MOTOR CLUB

MEMBERSHIP NO. 020

MEMBERSHIP CLUB NAME: ROADSIDE PROGRAM CLIENT (PLEASE PRINT) JOHN S. COONCE

MEMBERSHIP CLUB CODE

MEMBERSHIP CLUB NAME: ROADSIDE PROGRAM EXPIRATION DATE AUG 1 3 1991

MEMBER PROGRAM TYPE BASIC

HOME ADDRESS: ROADSIDE PROGRAM

MAKE OF VEHICLE: PONTIAC

YEAR: 98

ODOMETER READING: 60067

LICENSE PLATE: JC3332

COLOR: B

VEHICLE ID. NUMBER: 138

LOCATION OF VEHICLE: ROADSIDE

TELE. NO. 847-358-6645

TYPE OF SERVICE:

1. START 4. LOCK 6. NO SERVICE 10. CANCELLED

2. TOW TO SHOP 5. OUT OF GAS

3. TIE 7. WINCH 8. GONE

SERVICE DATE: 11/27/99

TIME RECEIVED: 2:15

TIME COMPLETED: 2:15

LOCATION: HOSKINS CHURCH

REASON FOR CHARGE: OVER

CHARGE TO MEMBER (IF ANY):

REMARKS:

MILES TRAVELLED TO VEHICLE: 9

MILES VEHICLE TOWED: 11

LOCATION VEHICLE TOWED TO: HOSKINS CHURCH

TIME ON LOCATION: 2:15

TIME COMPLETED: 2:15

LOCATION: HOSKINS CHURCH

REASON FOR CHARGE: OVER

CHARGE TO MEMBER (IF ANY):

REMARKS:

AAA PLUS/ADDL. PAP CHARGES \$

AAA ERS BASIC/TAP CHARGES \$

NIGHT DIFFERENTIAL \$

FLAT RATE AMOUNT \$

PRICE OF CALL \$

LOCKOUT DAMAGES AND DAMAGE RESULTING FROM MEMBERS

ERS-65-2 EMERGENCY ROAD SERVICE REPORT

MEMBER COPY

COMPLETE ALL ITEMS ON CARD

Telephone: (847) 439-0900
 FAX # (847) 439-0985
 Parts & Service Hours:
 Mon.: 7:00 AM - 6:30 PM Tues.-Fri. 7:00 AM - 10:00 PM
 Saturday 8:00 AM - 8:00 PM

SERVICE PARTS BODY SHOP LEASING

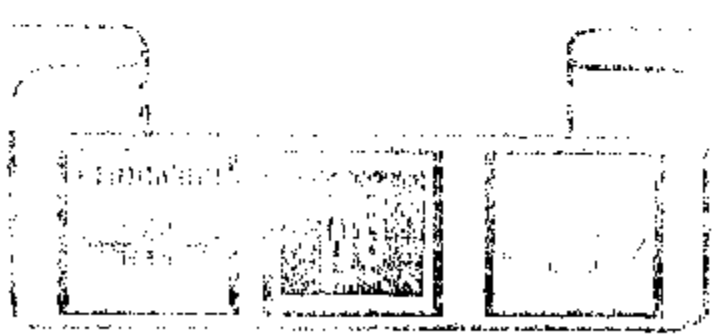
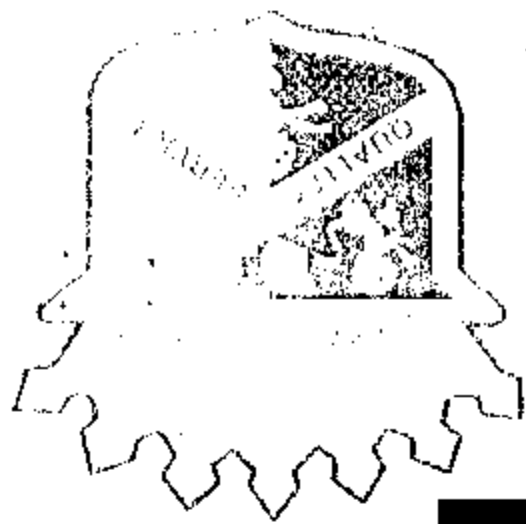
"OUR #1 GOAL YOUR COMPLETE SATISFACTION"
"THANK YOU We Appreciate Your Business"
 Satisfying Customers For Over 50 Years

WARRANTY ALL REPAIRS MADE WITH O.M. PARTS ARE COVERED FOR 12 MONTHS OR 12,000 MILES WHICH EVER COMES FIRST

DUSTMER NO. 20816	ADVISOR CHRISTOPHER MCILROY 110	CARD NO. 4568	INVOICE DATE 12/02/99	INVOICE NO. CV03283897
YEAR / MAKE / MODEL 98 / CHEVROLET / MALIBU / 4DR	LICENSE NO. 26461	COLOR	STOCK NO.	
DELIVERY DATE 02/14/98	DELIVERY MILES	SALEMAN I 14		
VEHICLE ID NO. 1G1NE52M0Y151079	SELLING DEALER NO.			
P.O. NO.		R.O. DATE 11/25/99		

TOTALS-----

*****	CASH []	CHECK []	AMEX []	OTHER []	*****
*****	VISA/MASTER CARD []				*****
*****	CASHIER INTL []				*****
*****	TOTAL LABOR.....				399.95
*****	TOTAL PARTS.....				305.70
*****	TOTAL SUBLET.....				0.00
*****	TOTAL G.D.B.....				6.70
*****	TOTAL MISC CHR.....				0.00
*****	TOTAL MISC DISC.....				-5.00
*****	TOTAL TAX.....				25.77
*****	TOTAL INVOICE \$				479.12



SERVICE PARTS BODY SHOP LEASING

Telephone: (847) 439-0900 FAX # (847) 439-0966



"OUR #1 GOAL"
YOUR COMPLETE SATISFACTION
"THANK YOU We Appreciate Your Business"
Satisfying Customers For Over 50 Years

WARRANTY
 ALL REPAIRS MADE WITH G.M. PARTS ARE COVERED FOR 12 MONTHS OR 12,000 MILES WHICH EVER COMES FIRST.

INVOICE NO.	4568	INVOICE DATE	12/03/99
STOCK NO.		CHECK NO.	CUCS28389A
VEHICLE MAKE / MODEL	CHRISTOPHER HEALD 110	VEHICLE YEAR	98/CHEVROLET / 4400 LBW/4DR
VEHICLE ID. NO.	26461	VEHICLE VIN	1G5LN5ZM20Y1879
SELLING DEALER NO.		DELIVERY DATE	02/14/98
DELIVERY MILES		DELIVERY DATE	11/29/99

LABOR & PARTS	DESCRIPTION	QTY	FF-NUMBER	LIST PRICE-UNIT PRICE
J# 1 02CVZ1	LUBE OIL & FILTER UNITS: 1.00 TECH(S):155			
	PERFORM LUBE OIL AND FILTER CHANGE, CHECK TIRE PRESSURE AND			
	FILL ALL FLUIDS TO PROPER LEVEL.			
	NITE DROP. ART AM MON.			
JOB # 1	FILTER, OIL, GREASE	1	FKP47	11.70
JOB # 1	OIL FLTR 1.836	1	25010792	11.70
JOB # 1	OIL 8.800	5	1052765	11.70
JOB # 1	GREASE	1		11.70
JOB # 1	JOB # 1 TOTAL PARTS			11.70
JOB # 1	JOB # 1 TOTAL LABOR & PARTS			11.70
J# 2 44CVZ	FUEL & EXHAUST UNITS: 1.80 TECH(S):155			
	CUST STATES FUEL TANK LEAKING, CR AND ADV.			
	REPLACE FUEL TANK			
	FUEL TANK DAMAGED			
JOB # 2	TANK 3.001	1	22617055	294.00
JOB # 2	JOB # 2 TOTAL PARTS			294.00
JOB # 2	JOB # 2 TOTAL LABOR & PARTS			294.00
J# 3 45CVZ	ACCESSORIES UNITS: 1.00 TECH(S):155			
	CUST STATES NEEDS CAR BACK BY 2PM.			
	CR AND ADV.			
JOB # 3	JOB # 3 TOTAL PARTS			0.00
JOB # 3	JOB # 3 TOTAL LABOR & PARTS			0.00
JOB # 2	JOB # 2 TOTAL LABOR & PARTS			6.70
JOB # 1	JOB # 1 TOTAL LABOR & PARTS			5.00
JOB # 1	JOB # 1 TOTAL LABOR & PARTS			5.00