

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 333

Date Received

28-MAR-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

859340

 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 | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G1ND52T5W6169587   | CHEVROLET    | MALIBU        | 1998         |                          |

|   |                                       |                              |  |
|---|---------------------------------------|------------------------------|--|
| Purchase Date   | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____          |  |

|   |  |   |  |   |   |   |
|---|--|---|--|---|---|---|
| Transmission Type   | Antilock Brakes  | Restraint System  | Cruise Control   | Drive Train   | Vehicle Type  | Body Style  |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input checked="" 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"/> Motorbell<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" 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 _____<br><input type="checkbox"/> Sport Ult<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>05100000 | Part Name(s)<br>ENGINE | 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 Failures | Date(s) of Failure(s) 01-JAN-1999<br>Mileage at Failure(s) 34000<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted?<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 checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|---------------------------|---|

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

WHILE DRIVING IN TRAFFIC VEHICLE STALLED, AND WAS NEARLY REARENDED. CONTACTED DEALER AND MANUFACTURER, AND THEY WERE UNABLE TO FIX IT. VEHICLE CONTINUED TO HAVE STALLING PROBLEMS. AK

CONTINUED ON BACK PLEASE

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.



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**FOR AGENCY USE ONLY** 333

Date Received: 20 APR 26 AM 10:28  
26-MAR-2000  
OFFICE OF DEFECTS INVESTIGATION

Od\_or \_\_\_\_\_  
Od\_dt \_\_\_\_\_  
Od\_rt \_\_\_\_\_  
Up\_fr \_\_\_\_\_

Reference No.  
859340

**OWNER INFORMATION (Type or Print)**

[Redacted] 599517

Work No. [Redacted]  
Home No. [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: [Redacted] Date: 4/7/00

**VEHICLE INFORMATION**

|   |                                  |                                |                             |   |
|---|----------------------------------|--------------------------------|-----------------------------|---|
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br><b>1G1ND52T5W6169587</b> | Vehicle Make<br><b>CHEVROLET</b> | Vehicle Model<br><b>MALIBU</b> | Vehicle Year<br><b>1998</b> | Current Odometer Reading<br><i>about</i><br><b>35,000</b> |
|---|----------------------------------|--------------------------------|-----------------------------|---|

|   |  |                                    |   |
|---|--|------------------------------------|---|
| Purchase Date<br><b>summer 1998</b>                                   | Dealer's Name<br><b>Steve Moore</b>                  | Engine Size (CID/CC/L)<br><b>4</b> | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City, State, Zip Code<br><b>Delray Bch, FL 33487</b> | No. Cylinders<br><b>4</b>          |   |

|   |   |  |  |  |   |   |  |
|---|---|--|--|--|---|---|--|
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | Sport Util<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" 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><b>05100000</b> | Part Name(s)<br><b>ENGINE</b> | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|------------------------------|-------------------------------|--|---|

|                                |   |                                       |   |   |  |
|--------------------------------|---|---------------------------------------|---|---|--|
| No. of Failures<br><b>many</b> | Date(s) of Failure(s)<br><b>01-JAN-1999</b> | Mileage at Failure(s)<br><b>34000</b> | Vehicle Speed at Failure(s)<br><b>slow, or idling</b> | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted?<br><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<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 | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|---------------------------|---|

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

**WHILE DRIVING IN TRAFFIC VEHICLE STALLED, AND WAS NEARLY REARENDED. CONTACTED DEALER AND MANUFACTURER, AND THEY WERE UNABLE TO FIX IT. VEHICLE CONTINUED TO HAVE STALLING PROBLEMS.\*AK**

CONTINUE ON BACK IF NEEDED

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