Form Approved: O.M.B. No. 2127-0038

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 335	
Date Received: 03-MAY-2000	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ up_ltr ____ ____
	Reference No. 861340

[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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	CHEVROLET	MALIBU	1999	

Purchase Date	Dealer's Name	Engine Size (CID/CC/L	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City_____ State_____ Zip Code_____	No Cylinders _____	

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
02130000	SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN T	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
0	30-APR-2000 / 24000 / 0	| |Yes | |No	| | 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	0	0		☐ Yes ☒ No

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

WHILE DRIVING HEARD SOMETHING RATTLING. TOOK TO DEALER, AND THEY SAID THAT REAR WHEEL CONTROL ARM BROKE PARTIALLY. IF IT WOULD HAVE BROKEN COMPLETELY VEHICLE COULD HAVE FLIPPED OVER.*AK

CONTINUE ON BACK IF NEEDED

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

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RECEIVED
00 JUN -8 PM 2:57
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 335

Date Received
03-MAY-2000

Od_or
rt_dt
od_rt
up_ltr

Reference No.
861340

OWNER INFORMATION (Type or Print)

[redacted] 606825

Work Numb[redacted]
Home Numb[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a[redacted]ame and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 5/21/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G1NE52M3X6155249	CHEVROLET	MALIBU	1999	25285

Purchase Date: Dec 1998 ☒ New ☐ Used

Dealer's Name: Superior
City: S. M. State: Ks Zip Code:

Engine Size (CID/CC/L): No Cylinders: 6
☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

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

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0	30-APR-2000 / 24000 / 0	☐ Yes ☐ No	☐ Yes ☐ No

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WHILE DRIVING HEARD SOMETHING RATTLING. TOOK TO DEALER, AND THEY SAID THAT REAR WHEEL CONTROL ARM BROKE ~~PARTIALLY. IF IT WOULD HAVE BROKEN COMPLETELY~~ VEHICLE COULD HAVE FLIPPED OVER. AK into,

The service manager at Chevrolet Cole Camp (Mo.) showed me the weld and said it was a poor weld (only part of the arm was welded instead of the whole arm.

CONTINUE ON BACK IF NEEDED