

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 125

Date Received

26-MAY-2000

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

Reference No.

862609

 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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GN1E52J7XY128833	CHEVROLET	MALIBU	1999	

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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input 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 03270000	Part Name(s) BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <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)

WHILE DRIVING AND APPLYING BRAKES FRONT END OF VEHICLE VIBRATED SEVERELY. THIS PROBLEM HAS BEEN OCCURRING DUE TO PREMATURE WEARING OF BRAKE PADS AND ROTORS. PLEASE GIVE ANY FURTHER DETAILS. \*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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 125	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		JUN 20 PM 12:32 26-MAY-2000 OFFICE DEFECTS INVESTIGATION	
[Redacted]		Reference No. 862609 Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorized signature, your name and address to the vehicle manufacturer.			
Signature of Owner [Redacted]		Date 6/15/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1GN1E52J7XY128833	CHEVROLET	MALIBU	1999
Current Odometer Reading			
2535			
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo
8/20/99	SHEEHY CHEVROLET		<input type="checkbox"/> Diesel
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	City UPPER MARL State MD Zip Code 20772	No. Cylinders 6	<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> 3-Point Belt	<input checked="" type="checkbox"/> Yes
<input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Motorbelt	<input checked="" type="checkbox"/> No
		<input checked="" type="checkbox"/> Driverside Airbag	
		<input type="checkbox"/> 2-Point Belt	
		<input checked="" type="checkbox"/> Passengerside Airbag	
Drive Train	Vehicle Type	Body Style	
<input checked="" type="checkbox"/> Front	<input checked="" type="checkbox"/> Car	<input type="checkbox"/> 2-Door	
<input type="checkbox"/> Rear	<input type="checkbox"/> Sport Utv	<input checked="" type="checkbox"/> 4-Door	
<input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Truck	<input type="checkbox"/> Stationwagon	
	<input type="checkbox"/> Minivan	<input type="checkbox"/> Pick Up Truck	
	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Other	
	<input type="checkbox"/> Other		
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
0327000	BRAKES:HYDRAULIC:SHOE DISC BRAKE SYSTEM	<input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right	<input checked="" type="checkbox"/> Original
		<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
1	5/18/00	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Mileage at Failure(s) 2515		
	Vehicle Speed at Failure(s) ABOVE 20 MPH		
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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
			Estimated Property Damage
			NONE
			Reported to Police
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING AND APPLYING BRAKES FRONT END OF VEHICLE VIBRATED SEVERELY. THIS PROBLEM HAS BEEN OCCURRING DUE TO PREMATURE WEARING OF BRAKE PADS AND ROTORS. PLEASE GIVE ANY FURTHER DETAILS. *AK ROTORS ON DISC BRAKES WARPED CAUSING BRAKE PADS TO WEAR UNEVENLY. THE ROTORS AND PADS WERE REPLACED AS PER A TECH SERVICE BULLETIN AT NO CHARGE.			
CONTINUE ON BACK IF NEEDED			
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 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.			