

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

335

Date Received

12-JUN-2000

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

Reference No.

863404

 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.)<br><small>(located at bottom of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G1NE52M4W6196866  | CHEVROLET    | MALIBU        | 1998         |                          |

|   |                                       |                             |  |
|---|---------------------------------------|-----------------------------|--|
| Purchase Date   | Dealer's Name _____                   | Engine Size (CID/CCL) _____ | <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<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driver Side Airbag<br><input type="checkbox"/> Passenger Side Airbag<br><input type="checkbox"/> Inflator<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 type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other<br><input type="checkbox"/> Sport Util Truck<br><input type="checkbox"/> Motorcycle | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Station Wagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |
|--|---|--|--|--|--|--|

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |  |  |   |
|-----------------------|--|--|---|
| Component<br>03273000 | Part Name(s)<br>BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB | 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>2 | Date(s) of Failure(s) 12-APR-2000<br>Mileage at Failure(s) 37000<br>Vehicle Speed at Failure(s) 15 | 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<br>0 | Number of Fatalities<br>0 | 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)

WHEN CAR REACHED 9000 MILES THERE WAS PULSATION IN THE BRAKES WHICH MADE IT DIFFICULT TO STOP. ROTORS HAVE BEEN REPLACED TWICE SINCE CONSUMER HAS OWNED VEHICLE. \*AK

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 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.



# Vehicle Owner's Questionnaire (VOQ)

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National Highway Traffic Safety Administration  
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FOR AGENCY USE ONLY 335  
00 JUL 10 AM 10:5  
12-JUN-2000  
OFFICE  
REFLECTS INVESTIGATION  
863404  
Work Number  
613810

## OWNER INFORMATION (Type or Print)

Signature of Owner  
Do you authorize [redacted] in the absence of [redacted] to the vehicle manufacturer?  
 YES  NO  
Date 7/9/2000

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1G1NE62M4W6196866  
Vehicle Make CHEVROLET  
Vehicle Model MALIBU  
Vehicle Year 1998  
Current Odometer Reading

Purchase Date  New  Used  
Dealer's Name GARY LANG  
City, State, Zip Code City: Mohanty, State: IL, Zip Code: 60050  
Engine Size (CID/CYL) \_\_\_\_\_ No. Cylinders \_\_\_\_\_  
Fuel Injection  Turbo  Diesel  Gas  Other

Transmission Type  Automatic  Manual  
Anti-lock Brakes  Yes  No  
Restraint System  3-point Belt  Motorist  2-Point Belt  Passenger-side Airbag  
Crash Control  Yes  No  
Drive Train  Front  Rear  4-Wheel  
Vehicle Type  Car  Van  Minivan  Other  
 Sport UR  Truck  Motorcycle  
Body Style  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 00273000  
Part Name(s) BRAKES:HYDRAULIC;DISC;ROTOR;DISC HUB  
Location  Left  Right  Front  Rear  
Failed Part(s)  Original  Replacement  
No. of Failures 2  
Date(s) of Failure(s) 12-APR-2000  
Mileage at Failure(s) 32000  
Vehicle Speed at Failure(s) 15  
Failed Part(s) Available?  Yes  No  
NHTSA Previously Contacted?  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  Yes  No  
Number of Persons Injured 0  
Number of Failures 0  
Estimated Property Damage  
Reported to Police  Yes  No

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

WHEN CAR REACHED 9000 MILES THERE WAS PULSATION IN THE BRAKES WHICH MADE IT DIFFICULT TO STOP. ROTORS HAVE BEEN REPLACED TWICE SINCE CONSUMER HAS OWNED VEHICLE. \*AK

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