



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 333

Data Received
 07-JUL-2000

Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.
 865012

OWNER INFORMATION (Type or Print)

MARGARET FREDERICK 619289
 7600 SW 22ND ST LOT#B
 OCALA FL 34474

Work Number _____
 Home Number 352-873-8357

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>(located at top of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G1NE52M3X6231866	CHEVROLET	MALIBU	1999	

Purchase Date _____ Turbo



<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 333</p> <p>Date Received <u>00 JUL 25 AM 11:19</u></p> <p><u>07-JUL-2000</u></p> <p>OFFICE: <u>DEFECTS INVESTIGATION</u></p> <p>Vehicle No. <u>865012</u></p>
	<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>Work Number _____ Home Number _____</p>	

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 7/19/00

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1G1NE52M3X8231866</u>	Vehicle Make <u>CHEVROLET</u>	Vehicle Model <u>MALIBU</u>	Vehicle Year <u>1999</u>	Current Odometer Reading <u>21,000</u>	
Purchase Date <u>8/1999</u>	Dealer's Name <u>Palm Chevrolet</u>		Engine Size (CID/G/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Ocala</u> State <u>Fla</u> Zip Code _____		No Cylinders _____		
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"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport UR <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 <u>03270000</u> <u>03260000</u>	Part Name(s) <u>BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM</u> <u>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</u>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures <u>4</u>	Date(s) of Failure(s) <u>02-JUL-2000</u> Mileage at Failure(s) <u>21000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <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 <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)

COMING OFF THE EXPRESSWAY APPLIED BRAKES TO SLOW DOWN AND THEY FELT SPONGY ABS LIGHT CAME ON. ALSO, THERE WAS BRAKE FLUID ON THE RIM OF THE TIRES. CONTACTED DEALER, AND THEY HAVE REPLACED THE ROTORS AND PADS FOR THE 4TH TIME.*AK

Also this last visit they replaced a tire, now again I'm getting a thumping in the front. When I informed Chevrolet customer service listed in my manual, the girl informed me that brakes are a regular maintenance AND there was nothing they could do about it. I have filed for lemon law

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.