

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 130

Date Received

08-SEP-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

869650

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 bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G1E52MDW6138477	CHEVROLET	MALIBU	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <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 <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertial <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input 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 Util Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
08100000	ELECTRICAL SYSTEM: BATTERY	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> 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?
		37250		<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

BATTERY HAS FAILED WITHIN 3 YRS., AND WILL NOT START ON ITS OWN. PLEASE PROVIDE FURTHER INFORMATION.

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.

 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 160 Date Received: 03 SEP 28 PM 1:53 06 SEP 2000 OFFICE: DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print)				Reference No. 869650	
[Redacted] 634576				Work M [Redacted] Home [Redacted]	
Do you authorize in the absence of Signature of Owner [Redacted]				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO vehicle manufacturer. Date 9/20/00	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) 1G1E52M0W6138477		Vehicle Make CHEVROLET		Vehicle Year 1998	
Localized (Dealer or windshield on driver's side)		Vehicle Model MALIBU		Current Odometer Reading 38868	
Purchase Date 10-27-97		Dealer's Name COLONIAL CHEVROLET		Engine Size (CID/CC/L) 3.1	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		City ACTON State MA Zip Code 01720		No Cylinders 6	
Transmission Type <input checked="" type="checkbox"/> Automatic		Antilock Brakes <input checked="" type="checkbox"/> Yes		Restraint System <input checked="" type="checkbox"/> 3-Point Belt	
<input type="checkbox"/> Manual		<input type="checkbox"/> No		<input type="checkbox"/> Motorbelt	
<input checked="" type="checkbox"/> Driverside Airbag		<input type="checkbox"/> 2-Point Belt		<input checked="" type="checkbox"/> Yes	
<input checked="" type="checkbox"/> Passengers Airbag		<input type="checkbox"/> No		<input type="checkbox"/> No	
Cruise Control		Drive Train <input checked="" type="checkbox"/> Front		Vehicle Type <input checked="" type="checkbox"/> Car	
<input type="checkbox"/> No		<input checked="" type="checkbox"/> Rear		<input type="checkbox"/> Sport Ult	
<input type="checkbox"/> 4-Wheel		<input type="checkbox"/> Other		<input type="checkbox"/> Truck	
<input type="checkbox"/> 2-Door		<input type="checkbox"/> Stationwagon		<input type="checkbox"/> Pick Up	
<input type="checkbox"/> Truck		<input type="checkbox"/> Turbo		<input type="checkbox"/> Diesel	
<input type="checkbox"/> Gas		<input checked="" type="checkbox"/> Fuel Injecto		<input type="checkbox"/> Gas	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 08100000		Part Name(s) ELECTRICAL SYSTEM: BATTERY		Location <input checked="" type="checkbox"/> Left	
<input checked="" type="checkbox"/> Front		<input type="checkbox"/> Right		<input checked="" type="checkbox"/> Original	
<input type="checkbox"/> Rear		<input type="checkbox"/> Replacem		<input type="checkbox"/> Replacem	
No of Failures 1		Date(s) of Failure(s) 8-31-00		Failed Part(s)	
Mileage at Failure(s) 37250		Vehicle Speed at Failure(s) PARKED		NHTSA Previously	
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes	
<input type="checkbox"/> No		<input type="checkbox"/> No		<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 <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 Damag		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
BATTERY HAS FAILED WITHIN 3 YEARS, AND WILL NOT START ON ITS OWN. PLEASE PROVIDE FURTHER INFORMATION. *AK EXITED FROM STORE, CAR WOULD NOT START JUMPED BATTERY AND LET CAR IDLE FOR 20 MINUTES - 3 TIMES SHUT-OFF CAR + CAR FAILED TO START WITHOUT JUMP START - DEALER REFUSED TO REPLACE BATTERY - HE STATED CAR WAS OUT OF WARRANTY DUE TO EXCESS MILEAGE "OVER"					
(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.					



U.S. Department of Transportation
 National Highway Traffic Safety Administration
 Information Management Staff NSA-10.01
 400 7th Street, SW
 Washington, DC 20590

POSTAGE WILL BE PAID BY NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

BUSINESS REPLY MAIL
 FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 400 Seventh St., S.W.
 Washington, D.C. 20590
 Official Business
 Penalty for Private Use \$300

NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES



U.S. G.P.O. Form 3526-97 (Rev. 1-82)

CAR ALSO TICKS ON START ITEM # SB621915
 UNTIL WARM -
 PROBLEMS WITH BOTH FRONT + REAR SUSPENSION
 RETURNED TO DEALER 3 TIMES
 SEE ATTACHED REPAIR ORDER

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)										
TIRE IDENTIFICATION NO.*										
D O T										
MANUFACTURER/TIRE NAME										
SIZE										
* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the sidewall or on either side of a blackwall tire.										
NARRATIVE DESCRIPTION (CONTINUED)										

COLONIAL

CHEVROLET

171 Great Rd., Acton, MA 01720

(978) 263-1000

1ST ATTEMPT

CUSTOMER NO. 25941	ADVISOR RONALD J. MINNICH 245	TAG NO. 1025	INVOICE DATE 05/04/00	INVOICE NO. CVCS03133
[REDACTED]	LABOR RATE	LICENSE NO.	MILEAGE 32925	COLOR OK CARMINE
	YEAR / MAKE / MODEL 08 CHEVROLET MALIBU 4DR SDN	DELIVERY DATE 10/27/97	SELLING DEALER NO. 3	PRODUCTION NO.
	VEHICLE ID. NO. 1G1NE52M0W6138477	P. O. NO.	R. C. DATE 05/04/00	
	COMMENTS			

MO: 32925

LABOR & PARTS
J# 1 09CVZ

REAR SUSPENSION
 CUSTOMER STATES CREAK IN REAR WHEN GETTING IN AND OUT OF VEHICLE OR PUTTING SOMETHING IN TRUNK.
 E-BRAKE CABLES CREAKING.
 TEST DROVE. COULD NOT DUPLICATE NOISE. TALKED WITH CUSTOMER FOUND OUT THAT NOISE USUALLY DOES NOT START UNTIL LATER IN THE DAY. TEST DROVE TO WARM UP & RAISED VEHICLE TO LET SUSPENSION COMPONENTS HANG AND STRETCH. LOWERED VEHICLE. BOUNCED VEHICLE UP AND DOWN ON DRIVE IN LEFT HIND QUARTER. BRAKE CABLES CREAKING. LUBED AND REPOSITIONED CABLES. LUBED REAR BUSHINGS WITH PENETRATING OIL. BOUNCE VEHICLE AGAIN. NO NOISES HEARD.

TECH(S): 371

WARRANTY

JOB # 1 TOTAL LABOR & PARTS 0.00

TOTALS:

Dear Customer:
 Thank you for choosing Colonial Chevrolet for repair of your vehicle. Our HIGHEST priority is to complete all work correctly. If, after driving your vehicle, you are not COMPLETELY SATISFIED with the repair work performed please contact either your service advisor or myself Harry "G" Service Manager immediately at 978-263-1000. We want to make it right. Your 100% satisfaction is our greatest concern.

TOTAL LABOR	0.00
TOTAL PARTS	0.00
TOTAL SUBLET	0.00
TOTAL G.O.G.	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC.	0.00
TOTAL TAX	0.00
TOTAL INVOICE \$	0.00

PARTS DESIGNATED WITH AN ASTERISK (*) INDICATE LIFETIME GUARANTEE APPLIES FOR CUSTOMER PAY REPAIRS.

CUSTOMER SIGNATURE

COPY OF 1999 The Reynolds and Reynolds Company Form 27102 Copyright 1999

COLONIAL

CHEVROLET

171 Great Rd., Acton, MA 01720

(978) 263-1000

2ND ATTEMPT

CUSTOMER NO. 75941	ATTN RONALD L MINNICH 245	TAG NO. 1025	VOICE DATE 05/08/00	CVCSS93291
	LABOR RATE	LICENSE NO.	VEHICLE MILEAGE 32950	COLOR DK CARMINE
	YEAR / MAKE / MODEL 98 CHEVROLET MALIBU 4DR SW	DELIVERY DATE 10/27/97	3	
	VEHICLE ID. NO. 1B1NE52M0W6138477	SELLING DEALER NO. 32002		
	F. T. E. NO.	P. G. NO.	R. O. DATE 05/09/00	
COMMENTS			M.O. 32952	

LABOR & PARTS
JOB # 1 09CVZ REAR SUSPENSION TECH(S):371
CUSTOMER STATES SQUEAK IN LEFT REAR WHEN GETTING IN AND OUT OF VEHICLE
REAR STABILIZER SHAFT BUSHINGS SQUEAK
ROAD TEST - FOUND REAR STABILIZER SHAFT BUSHINGS SQUEAKING
REPLACED REAR STABILIZER SHAFT BUSHINGS
PER BULLETIN 99-03-08-004
ROAD TEST - OK

WARRANTY

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
JOB # 1	2	22619844	INSULATOR 7.243		0.00
				JOB # 1 TOTAL PARTS	0.00
				JOB # 1 TOTAL LABOR & PARTS	0.00

TOTALS

Dear Customer	TOTAL LABOR	0.00
Thank you for choosing Colonial Chevrolet for a repair on your vehicle. Our HIGHEST priority is to complete all work correctly. If after driving your vehicle, you are not COMPLETELY SATISFIED with the repair work performed, please contact either your service advisor or myself, Harry J. Service Manager, immediately at 978-263-1000. We want to make it right. Your 100% satisfaction is our greatest concern.	TOTAL PARTS	0.00
	TOTAL SUBLET	0.00
	TOTAL EXCHG	0.00
	TOTAL MISC CHG	0.00
	TOTAL MISC DISC	0.00
	TOTAL TAXES	0.00
	TOTAL INVOICE \$	0.00

PARTS DESIGNATED WITH AN ASTERISK (*) INDICATES LIFETIME GUARANTEE. APPLIES TO CUSTOMER PAY REPAIRS.

CUSTOMER SIGNATURE

IMPORTANT!
YOU MAY RECEIVE A CUSTOMER SATISFACTION SURVEY FROM CHEVROLET IN THE NEXT FEW WEEKS. IF, FOR ANY REASON, YOU CANNOT GRADE US COMPLETELY SATISFIED, PLEASE CONTACT ME IMMEDIATELY. THANK YOU!
COLONIAL CHEVROLET, INC.
(978) 263-1000

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