

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 117

Date Received

07-SEP-2000

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

Reference No.

869916

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 drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G1ND52M8X6264106	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 checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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## 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"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 3	Date(s) of Failure(s) 31-00-1999 Mileage at Failure(s) 30 Vehicle Speed at Failure(s) 35	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 0	Number of Fatalities 0	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)

WHEN DRIVING ABOVE 35MPH & WOULD START TO BRAKE, VEHICLE WOULD START TO VIBRATE & SHAKE IN FRONT. WHEN VEHICLE WAS BELOW 35MPH & BRAKES WERE APPLIED, IT WOULD NOT SHUTTER OR SHAKE. TOOK VEHICLE TO DEALER AT LEAST 3 DIFFERENT TIMES & HAD THE BRAKES REPLACED. FIRST TIME WERE PADS/ROTORS & CALIPERS. SECOND TIME WERE ROTORS & PADS. WHEN VEHICLE REACHED 36,000, NOTHING WOULD BE DONE FOR THE BRAKES. \*AK

CONTINUED ON BACK PLEASE

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 117	
 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	
<b>OWNER INFORMATION (Type of Part)</b> [Redacted] 835483		Date Received: 07-SEP-2000 OFFICE DEFECTS INVESTIGATION Reference No. 869916 Work No. [Redacted] Home No. [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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Own [Redacted]		Date 11/3/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1G1ND52M8X6264106	CHEVROLET	MALIBU	1999
Purchase Date: 9/4/1999	Dealer's Name: Riverton Motors		Engine Size (CID/CC):
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City: Sandy State: VT Zip Code: 84094	No Cylinders: 6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2 Point Bel	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component: 03270000	Part Name(s): BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM	Location: <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacemen
No of Failures: 3	Date(s) of Failure(s): 31-OCT-1999, April 1, 2000, June 2000 Mileage at Failure(s): 30 Vehicle Speed at Failure(s): 35	Failed Part(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously: <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: 0	Number of Fatalitie: 0
Estimated Property Damag:		Reported to Polic: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHEN DRIVING ABOVE 35MPH & WOULD START TO BRAKE, VEHICLE WOULD START TO VIBRATE & SHAKE IN FRONT. WHEN VEHICLE WA SBELOW 35MPH & BRAKES WERE APPLIED, IT WOULD NOT SHUTTER OR SHAKE. TOOK VEHICLE TO DEALER AT LEAST 3 DIFFERENT TIMES & HAD THE BRAKES REPLACED. FIRST TIME WERE PADS/ROTORS & CALIPERS. SECOND TIME WERE ROTORS & PADS. WHEN VEHICLE REACHED 36,000, NOTHING WOULD BE DONE FOR THE BRAKES. *AK			
CONTINUE ON BACK IF NEEDED			
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44 First 9400 South Sandy, UT 84078 (801) 533-7477

INVOICE



INVOICE# --- 00045  
 PHONE --- (801) 533-7477  
 ENGINE ---  
 LICENSE# --- 066 100  
 VIN# --- 1G4ND58R4M4000000  
 ODOMETER --- 33876

OPERATION	DESCRIPTION	TYPE	QTY	AMOUNT	LABOR	TOTAL
N	REAR W/DRUM BRAKES & TURN ROTORS	LA			1.00	195.00
	CHECK REAR BRAKES					
FE	FRONT BRAKE PADS	PT	1	55.15		
FE	ROTORS	PT	2	195.18		
	SHOP SUPPLIES	SH		17.77		

SALES TAX 1.5 @ 2.80

REMARKS ...

PREMIUM PLAT 2000 BRAKES--LIFETIME WARRANTY

LABOR --- 1.00 --- 195.00  
 PARTS --- 268.10 --- 268.10  
 SUPPLIES --- 17.77 --- 17.77

REMARKS:  
 DATE:  
 AMOUNT:  
 PAYMENT:

paid in full  
 CC

SIGNATURE ---  
 SALES TAX ---  
 TOTAL DUE --- 366.87

We, Express AutoCare, Inc. is hereby acknowledged on the above vehicle to serve the purpose of costs incurred or  
 Express AutoCare, Inc. and 444 INC. ... collecting amounts owed for repairs on the above vehicle.  
 I, also hereby agree, constitute and represent you and/or your successors as my true lawful attorney for me and in my name,  
 power, and deed to the persons, collect, sign for and receive all such sums or money which are or shall be my right,  
 payable and belonging to me, or detained from me, related to the vehicle herein described. This includes full power and  
 authority to sign by name to all checks, drafts, and/or negotiable instruments related to or arising out of work done  
 by you and/or your employees on the above mentioned vehicle.

DATE:

SIGNED:



DATE: AUGUST 13, 2000