

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)
 U.S. Department of Transportation
National Highway Traffic Safety Administration
 NATIONWIDE 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241	
Data Received	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____
24-SEP-2000	
Reference No. 871340	

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 CHEVROLET	Vehicle Model MALIBU	Vehicle Year 1998	Current Odometer Reading
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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 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID 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) <u>15-OCT-1999</u> Mileage at Failure(s) <u>34000</u> 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)

AT LOW SPEED BRAKING IT CAUSES THE VEHICLE TO VIBRATE IN THE STEERING WHEEL AND AT HIGH SPEED OF 70 OR MORE IT CAUSES VEHICLE TO LOSE IT BRAKING; DEALER NOTIFIED AND REPLACE THE FRONT ROTORS; CONDITION REOCCUR AFTER 3-4 MONTH. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS:

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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p>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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 241</p> <p>Data Received 24-SEP-2000</p> <p style="font-size: 2em; font-weight: bold; color: blue;">EVOQ</p> <p>Reference No. 871340</p> <p>Work Number _____ Home Number _____</p>
<p style="text-align: center;">OWNER INFORMATION (Type or Print)</p> <p>_____ 641417</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 ____/____/____

VEHICLE INFORMATION								
Vehicle Ident. No. (VIN) <small>(Location at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading				
PLEASE FILL IN	CHEVROLET	MALIBU	1998					
Purchase Date	Dealer's Name _____		Engine Size (CID/KCC/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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type			
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<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 _____			
<td>Body Style</td> <td><input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</td> <td><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____</td>						Body Style	<input type="checkbox"/> Sport Ut <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 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID 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
No of Failures	Date(s) of Failure(s) <u>15-OCT-1999</u> Mileage at Failure(s) <u>34000</u> 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


APPLICATION INCIDENT INFORMATION				
<small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)</small>				
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

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

AT LOW SPEED BRAKING IT CAUSES THE VEHICLE TO VIRBATE IN THE STEERING WHEEL AND AT HIGH SPEED OF 70 OR MORE IT CAUSES VEHICLE TO LOSES IT BRAKING; DEALER NOTIFIED AND REPLACE THE FRONT ROTORS; CONDITION REOCCUR AFTER 3-4 MONTH. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS:

CONTINUE ON BACK IF NEEDED

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Auto Safety Hotline Vehicle Owner's Questionnaire				FOR AGENCY USE ONLY 258	
 J.S. Department of Transportation National Highway Traffic Safety Administration				Date Received 24-AUG-1999 <i>I VOG</i>	
NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov				Od_or _____ rt_dt _____ od_rt _____ up_lr _____ Reference No. 710462	
OWNER INFORMATION (Type or Print)					
JOHN		RYBA		559474	
3227 CRESTVIEW DRIVE					
PINEVILLE		LA		71360	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?				<input 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 Owner _____				Date _____	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN): <small>(Locates at bottom of windshield or driver's side)</small>		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G1NE52M2W6256594		CHEVROLET	MALIBU	1998	
Purchase Date	Dealer's Name		Engine Size (CID/CCA)	<input type="checkbox"/> Turb <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
01-NOV-1998			3.1L		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Anti-lock Brakes	Restraint System		Cruise Control	Drive Train
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type	Sport Util Truck	Motorcycle	Body Style		
<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Util <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 Truck <input type="checkbox"/> Other		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component	Part Name(s)		Location	Failed Part(s)	
03350000	BRAKES: AIR: ANTILOCK SYSTEM		<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures	Date(s) of Failure(s)		Failed Part(s) Available?	NHTSA Previously Contacted?	
1	01-NOV-1998		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Mileage at Failure(s)				
	3239				
	Vehicle Speed at Failure(s)				
	30				
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 type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>THE BRAKE ROTORS BEGAN TO WARP AT ABOUT 9,000 MILES. AT FIRST IT WAS MILD AND ONLY NOTICEABLE AT LOW SPEEDS. LATER IT BECAME PRONOUNCED AND THE FRONT END VIBRATES EXCESSIVELY WHEN BRAKING FROM ABOVE 60 MPH. IT FEELS LIKE THERE IS NO BRAKING UNTIL I REDUCE BRAKING PRESSURE, BUT THIS JUST EXTENDS MY STOPPING DISTANCE. CHEVROLET DOES NOT ACKNOWLEDGE A PROBLEM AND WILL NOT REPLACE THE ROTORS UNDER WARRANTY SINCE I HAD 15,000 MILES BEFORE I REPORTED THE PROBLEM TO THEM. I NOTICE THERE ARE ALMOST 100 SIMILAR COMPLAINTS IN THE DATA BASE FOR 1997 AND 1998 MALIBUS. ONE SERVICE MANAGER REPORTED THAT CHEVROLET HAD REVISED THE DESIGN OF THE ROTOR TWICE. THERE ARE NO SIMILAR COMPLAINTS FOR 1999 MODELS. IT LOOKS LIKE THEY FIXED THE PROBLEM BUT HAVE NOT AC</p>					
CONTINUE ON BACK IF NEEDED					
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