

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 156

Date Received

02-OCT-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

872016

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) _____ (located at front of windshield on drivers side)	Vehicle Make CHEVROLET	Vehicle Model MALIBU	Vehicle Year 1999	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 15-SEP-2000 Mileage at Failure(s) 22 Vehicle Speed at Failure(s) _____	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	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING ON HIGHWAY AND SLOWING DOWN VEHICLE BEHIND THIS VEHICLE (1999 MALIBU) STRUCK CONSUMER'S VEHICLE, CAUSING 1999 MALIBU TO HIT THE VEHICLE IN FRONT. UPON IMPACT, AIRBAGS DID NOT DEPLOY, AND DID NOT PROTECT THE OCCUPANTS IN THIS CRASH. THE "OTHER" VEHICLE AIRBAGS DID DEPLOY. THE VEHICLE IS TOTAL LOSS. PLEASE PROVIDE FURTHER INFORMATION. AK

CONTINUED ON BACK (REVERSE)

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.

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Reference No.

872016

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) _____ (located at front of windshield on drivers side)	Vehicle Make CHEVROLET	Vehicle Model MALIBU	Vehicle Year 1999	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	☐ Diesel
			☐ Gas
			☐ Fuel Injection

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 15-SEP-2000 Mileage at Failure(s) 22 Vehicle Speed at Failure(s) _____	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	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING ON HIGHWAY AND SLOWING DOWN VEHICLE BEHIND THIS VEHICLE (1999 MALIBU) STRUCK CONSUMER'S VEHICLE, CAUSING 1999 MALIBU TO HIT THE VEHICLE IN FRONT. UPON IMPACT, AIRBAGS DID NOT DEPLOY, AND DID NOT PROTECT THE OCCUPANTS IN THIS CRASH. THE "OTHER" VEHICLE AIRBAGS DID DEPLOY. THE VEHICLE IS TOTAL LOSS. PLEASE PROVIDE FURTHER INFORMATION. AK

CONTINUED ON BACK (156-100)

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FOR AGENCY USE ONLY 156

Date Received

00 OCT 20 AM 8:21
02-OCT-2000
OFFICE
DEFECTS INVESTIGATION

Of or
rt. dt
od. it
up. ltr

Reference No.

872016

Work No.

Home No.

OWNER INFORMATION (Type or Print)

GRAND LEDGE

643555

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

☒ YES☐ NO

Signature of Owner

Date 10/16/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G1NE52M4X6045009
PLEASE FILL IN
Vehicle Make CHEVROLET
Vehicle Model MALIBU
Vehicle Year 1999
Current Odometer Reading

Purchase Date
6/30/99

Dealer's Name Bud Kauts Chevrolet

Engine Size
(CID/CC/L)

☐ Turbo
☐ Diesel
☒ Gas
☐ Fuel Injection

☒ New ☐ Used

City Lansing State MI Zip Code

No Cylinders 6

Transmission Type ☐ Manual ☒ Automatic
Antilock Brakes ☒ Yes ☐ No
Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag
Cruise Control ☒ Yes ☐ No
Drive Train ☒ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☒ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other
Body Style ☐ 2-Door ☒ 4-Door ☐ Stallionwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000 Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONTA
Both Air Bags
Location ☒ Left ☒ Right ☐ Front ☐ Rear
Failed Part(s) ☒ Original ☐ Replacement
No of Failures Date(s) of Failure(s) 15-SEP-2000
Mileage at Failure(s) 22
Vehicle Speed at Failure(s) 2
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 Fire ☐ Yes ☒ No
Number of Persons Injured 1 Number of Fatalities 0
Estimated Property Damage Car totalled
Reported to Police ☒ Yes ☐ No

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

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CONTINUE ON BACK IF NEEDED

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