

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 150

Date Received

19-OCT-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

873353

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
	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	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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <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 Ult <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 01400000	Par. Name(s) STEERING:GEAR:RACK AND PINION	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	---	---	---

No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 54000 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

(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
--	---	---------------------------	----------------------	---------------------------	---

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

RACK AND PINION FAILED WHICH COULD CAUSE LOSS OF STEERING, STEERING IS VERY LOOSE.
CONSUMER HAS ALREADY REPLACED TIE RODS AND TIRES.

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 180</p>	
<p>Date Received NOV 13 PM 12 19-OCT-2000 OFFICE DEFECTS INVESTIGATION</p>		<p>Old or od_r od_rt up_tr Reference No. 873353</p>		<p>Work No. [REDACTED] Home No. [REDACTED]</p>	
<p>OWNER INFORMATION (Type or Print)</p>					
[REDACTED]		648099			
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of your signature and address to the vehicle manufacturer. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>					
Signature of Owner		Date 11/7/00			
<p>VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield or driver's side)</p>		<p>Vehicle Make CHEVROLET</p>	<p>Vehicle Model MALIBU</p>	<p>Vehicle Year 1999</p>	<p>Current Odometer Reading</p>
<p>Purchase Date</p>	<p>Dealer's Name</p>		<p>Engine Size (CID/CC/L)</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>	
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>City _____ State _____ Zip Code _____</p>		<p>No Cylinders _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>	
<p>Transmission Type</p>	<p>Antilock Brakes</p>	<p>Restraint System</p>		<p>Cruise Control</p>	<p>Drive Train</p>
<p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p>		<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
<p>Vehicle Type</p>		<p>Body Style</p>			
<p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>		<p><input type="checkbox"/> Sport Ut 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</p>			
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component 01400000</p>	<p>Part Name(s) STEERING:GEAR:RACK AND PINION</p>		<p>Location</p>		<p>Failed Part(s)</p>
			<p><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>	<p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	
<p>No of Failures</p>	<p>Date(s) of Failure(s) Mileage at Failure(s) 54000 Vehicle Speed at Failure(s)</p>		<p>Failed Part(s) Available?</p>	<p>NHTSA Previously Contacted?</p>	
			<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash</p>	<p>Fire</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</p>	<p>Reported to Police</p>
<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>				<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>RACK AND PINION STEERING FAILED WHICH COULD CAUSE LOSS OF STEERING, STEERING IS VERY LOOSE. CONSUMER HAS ALREADY REPLACED TIE RODS AND TIRES.*AK</p>					
<p>CONTINUE ON BACK IF NEEDED</p>					
<p>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>					



CHEVROLET - OLDS, INC.
 2599 N. Frontage Road/ P.O. BOX 79
 Vicksburg, MS 39181-0079
 (601) 638-1252

**SERVICE
 INVOICE**

Co.#

Sold To:		Service Order Number		Service Advisor		VIN	
		16706		TINA HENDERSON		1G1ND62T0X8174178	
		Color	Year	Make/Model	License	Engine	Slk #
			1999	CHEVROLET/BLUX		LD9 2.4LLA	
		Mileage In/Out	Tag	Delivery Date	Rate	Disc. Count	Plan
		22068/	914			1	
		Tax Exempt		Date Time In		Date Time Out	
				12/06/1999 11:46		12/06/1999 15:07	

LINE 1 TOWED FROM ANGUILLA TO ATWOOD
 CAUSE: FITTING ON POWER STEERING LOOSE AND LOSE FLUID FC: 2W
 TECH COMM: TOWED TO SHOP

REPAIR 1 WARRANTY TOWING CHARGE
 OPCODE: T2020 SALE TYPE: W WTY
 PRIMARY TECH: 052

NET ITEM: T TOWING SALE TYPE W WTY

LINE 2 MAKING NOISE AND NOT STERRING LIKE IT SHOULD
 CAUSE: FITTINGS ON POWER STEERING LINES LOOSE FC: 2W
 TECH COMM: TIGHTENED FITTINGS AND REFILLED STEERING PUMP.
 BLEED SYSTEM

REPAIR 1 LINE, POWER STEERING GEAR CYLINDER - REPLACE RIGHT
 OPCODE: E9680 SALE TYPE: W WTY
 HRS: 1.70
 PRIMARY TECH: 028
 WARR PARTS: 1

PARTS	DESC	FP	QTY	PRICE	SALE TYPE	WTY
GM	1052884 FLUID	Y	1		W	

CUSTOMER SIGNATURE



CUSTOMER TOTAL \$.00

IMPORTANT!
 You will receive a Questionnaire from General Motor Co. regarding this service visit. We urge you to return the Questionnaire. If for any reason you cannot grade us "Completely Satisfied," please contact "Bob Anderson," Service Director.
 Thank You,
 Atwood Chev.-Olds, Inc.
 (601) 638-1252

Disclaimer of Warranties

The seller, hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.



