

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 335

Data Received

23-OCT-2000

 Ocl_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

873592

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> 1G1NE52M8XY103952	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) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	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"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	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"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 4	Date(s) of Failure(s) 01-NOV-1999 Mileage at Failure(s) 17000 Vehicle Speed at Failure(s) 65	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 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)

FRONT BRAKES AT A HIGH SPEED VEHICLE SHAKES A LOT. IN NOVEMBER OF 1999 DEALER COULD NOT REMEDY PROBLEM. IN MARCH OF 2000 DEALER REPLACED FRONT BRAKES. THEN, IN MAY 2000 THEY WERE REPLACED. LATE AUGUST, BRAKES HAD TO BE REPLACED AGAIN.*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.

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration... whether a manufacturer should take appropriate action to correct a safety defect... your response may be used in support of the agency's action.

CONTINUE ON BACK IF NEEDED

Brakes and rotors were again replaced on November 16, 2000.

FRONT BRAKES AT A HIGH SPEED VEHICLE SHAKES A LOT. IN NOVEMBER OF 1999 DEALER COULD NOT REMEDY PROBLEM. IN MARCH OF 2000 DEALER REPLACED FRONT BRAKES. THEN, IN MAY 2000 THEY WERE REPLACED. LATE AUGUST, BRAKES HAD TO BE REPLACED AGAIN. AK

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

Crash	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Number of Persons Injured	0	Number of Fatalities	0	Estimated Property Damage		Reported to Police	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

No. of Failures	4	Date(s) of Failure(s)	01-NOV-1999	Mileage at Failure(s)	17000	Vehicle Speed at Failure(s)	55	Failed Part(s) Available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Failed Part(s) Contacted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	NHTSA Previously Reported?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Component	03270000	Part Name(s)	BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM	Location	Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> All <input type="checkbox"/>	Failed Part(s)	Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>
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FAILED COMPONENT(S) PART(S) INFORMATION

Transmission Type	Automatic <input checked="" type="checkbox"/> Manual <input type="checkbox"/>	Antilock Brakes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Restraint System	3-Point Belt <input checked="" type="checkbox"/> Motorized <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passenger-side Airbag <input checked="" type="checkbox"/>	Drive Train	Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/>	Vehicle Type	Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/>	Body Style	2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <input type="checkbox"/>
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Purchase Date		Dealer's Name	Travis Chevrolet	City	Lumbard	State	WA	Zip Code		Engine Size (CID/C/L)	No Cylinders	Fuel Injection	Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection <input checked="" type="checkbox"/>
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Vehicle ID# (VIN)	1G1NE52M8XY103952	Vehicle Make	CHEVROLET	Vehicle Model	MALIBU	Vehicle Year	1998	Current Odometer Reading	
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VEHICLE INFORMATION

Signature of Owner: [Redacted]

Date: 11/21/00

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

Do you authorize NHTSA to provide your name and address to the vehicle manufacturer? YES NO

OWNER INFORMATION (Type or Print)	648842	Work Number		Home Number	
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U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOPE-5
1-888-327-4236
www.nhtsa.dot.gov/hotline

RECEIVED
OCT 23 2000
OFFICE OF INVESTIGATION
PH 3124

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Date Received: [Redacted]
Reference No: 873592