

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

14-NOV-2000

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

Reference No.

874895

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
1G1ND52T3XY114688	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 03273000	Part Name(s) BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB	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) _____ Mileage at Failure(s) 50000 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)

BRAKE ROTORS PREMATURELY WARP. CONSUMER HAS REPLACED ROTORS 3 TIMES, ROTORS ONLY  
LAST ABOUT 5000-8000 MILES .\*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 160	
 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	
OWNER INFORMATION (Type or Print)		Date Received 08:00 - 5 PM 3:5 14-NOV-2000 OFFICE DEFECTS INVESTIGATION	Od. or In dt od. rt up. ltr 00
[Redacted] 655053		Reference No. 874896	
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.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner [Redacted]		Date 11/30/00	
<b>1G1ND52T3XY114688</b> VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>1G1ND52T3XY114688</b>	Vehicle Make <b>CHEVROLET</b>	Vehicle Model <b>MALIBU</b>	Vehicle Year <b>1999</b>
Current Odometer Reading <b>51,419</b>		<input checked="" type="checkbox"/> Turbo Diesel Gas Fuel Injection	
Purchase Date <b>10-99</b>	Dealer's Name <b>Berger Chevrolet</b>	Engine Size (CID/CCL) <b>1.6L?</b>	No Cylinders <b>4</b>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <b>GRAND RAPIDS</b> State <b>MI.</b> Zip Code <b>49508</b>	<input type="checkbox"/> Turbo Diesel Gas Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input checked="" 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"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utl <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 checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Component <b>03273000</b>	Part Name(s) <b>BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB</b>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original Replacement
No of Failures <b>3</b>	Date(s) of Failure(s) <b>11-14-00 3-31-00 6-30-00 9-21-00</b>	Mileage at Failure(s) <b>50000 30549 38564 45565</b>	Vehicle Speed at Failure(s) <b>1, NOT Fixed</b>
Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>APPLICATION INCIDENT INFORMATION</b> (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 <b>—</b>	Number of Fatalities <b>—</b>
Estimated Property Damage <b>—</b>		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>			
<b>BRAKE ROTORS PREMATURELY WARP. CONSUMER HAS REPLACED ROTORS 3 TIMES, ROTORS ONLY LAST ABOUT 5000-8000 MILES. *AK</b>			
CONTINUE ON BACK IF NEEDED			
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.			

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

I HAVE had The Service work Done AT Midway Chevrolet-olds  
 381-12th ST. Plainwell, MI. 49080 - 616 685-6871. Because I moved  
 From Grand Rapids, MI To Allegan, MI. AS you can see on The  
 Attached sheets that The rotors were Replaced Several Times.  
 Each Time They <sup>(Dealer)</sup> said The rotors were warped. I Drive A lot of  
 Highway miles - AS The year of car + actual mileage will indicate. - There-  
 fore I Do NOT BRAKE A lot. When The rotors become warped  
 The steering wheel shakes A lot AND The longer The condition continues  
 The more it shakes + AT Lower speeds AS well, without Foot on Brake.  
 When Applying BRAKE in This condition it is worse AND makes  
 Stopping become more un safe. The Chevrolet manufacturer was contacted  
 several times and admit they HAVE A problem, But will NOT Do ANYthing  
 more For This vehicle. This is quite A BAD situation SAtty wise  
 AND money wise. Going thru BRAKES EVERY 3 months. PLEASE  
 MAKE The manufacturer Recall This AND own up TO There problems  
 Thank You

☆ U.S. G.P.O. 1992-423-871/5000

U.S. Department of Transportation  
National Highway Traffic Safety Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590



MIDWAY CHEVROLET-OLDSMOBILE, Inc.

"A KOOL COMPANY"

381 12th St. - P.O. Box 489

PLAINWELL, MICHIGAN 49080

Phone (616) 565 6671



STOCK NO. 11308	NAME DOUGLAS SPENCER 421	REG. NO. 931100	PLATE NO. CVGS118150
LABOR RATE 65.00	LICENSE NO. 30644	DATE 03/24/00	
YEAR MAKE MODEL 99/CHEVROLET	VIN 1G1ND5213XY114888		

LABOR & PARTS	TECH(S)	WARRANTY
J# 1 02CVZ BRAKE /ABS SYSTEMS CHECK BRAKE HAS SQUEAL NOISE ON STOPPING? REPLACE BOTH FRT ROTORS AND PADS FOR BAD SQUEAL	405	
PARTS		
JOB # 1	QTY	FP-NUMBER
JOB # 1	2	18060442
JOB # 1	1	18024383
	DESCRIPTION	UNIT PRICE
	ROTOR 5.809	
	PAD KIT 5.017	
	JOB # 1 TOTAL PARTS	0.00
	JOB # 1 TOTAL LABOR & PARTS	3.00
J# 2 17CVZ RECALLS/CAMPAIGNS 000000000 COLD START MISFIRE? CHECK OUT NO PROBLEM FOUND	405	
PARTS		
JOB # 2	QTY	FP-NUMBER
JOB # 2		
	DESCRIPTION	UNIT PRICE
	JOB # 2 TOTAL PARTS	0.00
	JOB # 2 TOTAL LABOR & PARTS	0.00
J# 3+14CVZ00 RENTAL CAR	405	
PARTS		
JOB # 3	QTY	FP-NUMBER
JOB # 3		
	DESCRIPTION	UNIT PRICE
	JOB # 3 TOTAL PARTS	0.00
	JOB # 3 TOTAL LABOR & PARTS	0.00
SUBLET	PO#	VEND INV#
JOB # 1	2822	2822
	INV. DATE	DESCRIPTION
	03/31/00	RENTAL
	TOTAL - SUBLET	0.00
TECHNICIAN CERTIFICATION		
405	AUSTIN E FERRIS	MZ14581

THANK YOU FOR RENTING  
CAR TO US FOR 22/00

MONDAY - 7:30 AM - 5:00 PM  
WEDNESDAY - 7:30 AM - 5:00 PM  
SATURDAY - 9:00 AM - 5:00 PM  
OIL CHANGE

MIDWAY CHEVROLET-OLDSMOBILE, Inc.

"A KOOL COMPANY"

381 12th St. - P.O. Box 459

PLAINWELL, MICHIGAN 49080

Phone (616) 685-2871



30500

11309	NAME KEVIN J HOPP	474	DATE 06/30/00	DOCUMENT CVCS119356
	ESTIMATE 65.00	VEHICLE NO. 38564	YEAR-MAKE-MODEL 99/CHEVROLET	DELIVERY DATE
	VEHICLE I.D. NO. 1G1ND52T3XY114688		TESTING DEALER NO.	PRODUCTION DATE
	BUSINESS PHONE	COMMENTS	DATE 06/29/00	

LABOR & PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
J# 1 04CVZ11 REAR SUSP. CONCERN SQUEAK IN REAR GETTING IN AND OUT OF CAR REPLACED REAR SWAY BAR BUSHINGS.			TECH(S):430		65.00
PARTS					
JOB # 1	2	22601D47	INSULATOR 7.243	4.11	8.22
				JOB # 1 TOTAL PARTS	8.22
				JOB # 1 TOTAL LABOR & PARTS	73.22
J# 2 11CVZ ELECTRICAL SYS. REAR LEFT BRAKE LIGHT OUT REPLACE LEFT REAR BRAKE LITE PLATE			TECH(S):430		32.00
PARTS					
JOB # 2	1	22622415	BOARD 2.694	30.60	30.60
JOB # 2	2	9441839	BULB LP 8.991	2.52	5.04
				JOB # 2 TOTAL PARTS	35.64
				JOB # 2 TOTAL LABOR & PARTS	67.64
J# 3 00CVZ01 LOF SPECIAL QUICK LUBE SERVICE QUICK LUBE SERVICE CHANGE OIL/OIL FILTER/LUBE CHASSIS			TECH(S):430		7.72
PARTS					
JOB # 3	1	PK1	LOF	11.25	11.25
JOB # 3	1	OIL-FILTER	OIL-FILT	****	****
JOB # 3	1	BULK-OIL		****	****
				JOB # 3 TOTAL PARTS	11.25
				JOB # 3 TOTAL LABOR & PARTS	18.97
J# 4 02CVZ00 BRAKE INSPECTION BRAKES PULSATE BRAKE INSPECTION ONLY REPLACED FRONT BRAKE ROTORS. (PARTS WARRANTY)			TECH(S):430		WARRANTY
PARTS					
JOB # 4	2	18060442	ROTOR 5.809		WARRANTY
				JOB # 4 TOTAL PARTS	0.00
				JOB # 4 TOTAL LABOR & PARTS	0.00
MISC	CODE	DESCRIPTION	CONTROL NO.		
JOB # 3	6CHW	HAZARDOUS WASTE REMOVAL	119356		1.50
				TOTAL - MISC	1.50

THANK YOU FOR BRINGING YOUR CAR TO US FOR SERVICE

MONDAY - FRIDAY  
7:30 AM - 5:30 PM

WEDNESDAY  
7:30 AM - 8:00 PM

SATURDAY  
9:00 - 1:00 PM  
OIL CHANGE ONLY

ESTIMATE  
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING ORIGINAL ESTIMATE OF \$50.00 (+TAX)

REQUEST #  
C02195035  
18009502438

MIDWAY CHEVROLET-OLDSMOBILE, I c.

"A KOOL COMPANY"  
381 12th St. P.O. Box 459  
PLAINWELL, MICHIGAN 49080  
Phone (616) 685-6871

CONTACTED  
Chevrolet



Yvonne Price  
11-7-00  
CASH ON HAND  
Alert

11-9-00  
APR 11 MAMMOND  
10:1am  
CASH BACK  
11:30am

1800 732 1020

CUSTOMER NO. 11308	ADVISOR MATTHEW JANSSEN 384	INVOICE DATE 08/21/00	INVOICE NO. CVWS122353
LABOR RATE 53.26	VEHICLE NO. 1G1ND52T3XY114688	COLOR 1	DELIVERY DATE DELIVERY MILES
YEAR, MAKE, MODEL 98/CHEVROLET	SELLING DEALER NO.	PRODUCTION DATE	
BUSINESS PHONE	COMMENTS	R.O. DATE 08/21/00	

LABOR & PARTS

J# 1 02CV208 FT ROTORS R&R HOURS: 0.40 TECH(S):405 21.30  
REMOVED/REPLACE FRONT DISC ROTORS  
REPLACED FRONT ROTOR

PARTS	QTY	FP-NUMBER	DESCRIPTION	U/COST	E/COST	U/PRICE
JOB # 1	2	18060442	ROTOR 5.809	59.01	118.02	82.62
JOB # 1 COST TOTAL				118.02		
JOB # 1 TOTAL PARTS						165.23
JOB # 1 TOTAL LABOR & PARTS						186.53

THANK YOU FOR BRINGING YOUR  
CAR TO US FOR SERVICE

COMMENTS  
WAIT

TECHNICIAN CERTIFICATION  
405 AUSTIN E FERRIS #214581

R/O TAX 0.00  
R/O TOTALS 186.53

WARRANTY CLAIM DETAIL TOTALS

CLAIM#	TOTAL
122353	186.53
CLAIM TOTALS	186.53

MONDAY - FRIDAY  
7:30 AM - 5:30 PM

WEDNESDAY  
7:30 AM - 8:00 PM

SATURDAY  
9:00 - 1:00 PM  
OIL CHANGE ONLY

APPROVED BY SIGNATURE

DCS AUDIT SLIP

DCS DATA FILE: 696MWF.020  
09/25/2000 WARRANTY NEW CLAIM  
1624

RO NUMBER	RO DATE	VIN	DIV	DEALER	ODOMETER	SERVICE ADVISOR #
122353	09/21/2000	1G1ND52T3XY114688	3	44143	45565	362-64-2417

CUSTOMER NAME: FIRST: CINDY MIDDLE:  
LAST: DEWATER PHONE:WORK: HOME: 161-667-3531

LN	JOB	CT	OC	PC	PART-NO.	TOT-PTS	FC	LABOR	LHRS	CHRS	NET-AMT.	LAB-TOT.
1	01	B	06	2	18060442	165.23	4N	HD120	.4			21.30
LN-TOT: 186.53 TECH SSN: 362-96-8675 AUTH CODE: G AUTH. AUTHOR.: 0090												
R.O. TOTAL: 186.53												