



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 436

Data Received
04-DEC-2000
Ocl_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.
875912

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> 1GCDM19W8XB113647	Vehicle Make CHEVROLET TRU	Vehicle Model ASTRO	Vehicle Year 1999	Current Odometer Reading
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Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
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Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 checked="" 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
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No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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)

THE BRAKES PADS ARE WEARING EXCESSIVELY. THE FRONT BRAKES, ROTORS & WHEEL BEARING WERE ALL REPLACED. THE CONSUMER RECEIVED A PHONE CALL FROM GM & APPARENTLY THEY KNOW OF THE PROBLEM BUT THERE'S NOT A RECALL ISSUED. CONSUMER PLEASE ADDITIONAL COMMENTS.

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.

U.S. Department of Transportation National 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 436	
OWNER INFORMATION (Type or Print)		[REDACTED]		658925	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized signature, you must provide your name and address to the vehicle manufacturer.		<input type="checkbox"/> YES <input type="checkbox"/> NO		Date <u>12/18/00</u>	
Signature of Owner _____					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GCDM19W5XB113647		CHEVROLET TRU	ASTRO	1999	35,864
Purchase Date <u>4/99</u>	Dealer's Name <u>Burn's Chev</u>		Engine Size (CID/CC/L) <u>4.3</u>	<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection	No. Cylinders <u>6</u>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Rock Hill</u> State <u>S.C.</u> Zip Code <u>29730</u>		Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input 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"/> Cruise Control	<input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Sport U/J <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	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 03270000 07483000	Part Name(s) <u>BRAKES:HYDRAULIC:SHOE/DRUM BRAKE SYSTEM</u> <u>POWER TRAIN:AXLE ASSEMBLY:BEARING:AXLE SHAFT</u>		Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No. of Failures	Date(s) of Failure(s) <u>01-NOV-2000</u> Mileage at Failure(s) <u>34,000</u> Vehicle Speed at Failure(s)		Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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)					
<p>BRAKES PADS ARE WEARING EXCESSIVELY. FRONT BRAKES/ ROTORS & WHEEL BEARING WERE ALL REPLACED. CONSUMER RECEIVED A PHONE CALL FROM GMC. APPARENTLY, THEY KNOW OF PROBLEM, BUT NO RECALL WAS ISSUED. PLEASE ADD ADDITIONAL COMMENTS.</p> <p>*AK AS YOU CAN SEE BY THE INSPECTION SHEET, PREPARED BY MIDAS. THE BRAKES WERE AT A UNUSUAL WEAR PATTERN, AND THE ROTORS WERE CUTTING QUICKER THAN NORMAL, MEANING SOMETHING IN THE BRAKE</p>					
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 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.					



Midas Auto Service Experts
1656 FOURTH AVENUE - CHARLESTON, WV 25312
304-346-0709

**** INVOICE ****

DATE	TIME	PHONE 1	PHONE 2	LICENSE	ODOMETER IN	ODOMETER OUT
11-14-00	14:39:03	304-442-9131	304	DP8478	34899	34899
NAME	ET ASTRO 1999					
ADDRESS	[REDACTED]					
CITY	[REDACTED]					
INSTALLER NAME	INSTALLER #	INSTALLER NAME	INSTALLER #	INSTALLER NAME	INSTALLER #	INSTALLER #
DONALD, J		DONALD, J				
CASH	CHECK	CARD	AMOUNT	CASH	CHECK	CARD
87.65	0.00	0.00	87.65	0.00	0.00	0.00

Qty	Part Number	Loc	Description	Unit	Each	Labor	Ext.	Ant	How
BRAKES:									
1	BP1564N	LTRF	MIDAS PLUS PAD	R	17.40	42.56	59.96	2	
MISCELLANEOUS:									
0.4	LABOR MACHIN	LTRF	RESURFACE ROTORS	NR	56.77	56.77	22.71	2	
Tax					1.36	0.00	0.00	Total MISCELLANEOUS	
Tax					2.60	0.00	0.00	Total BRAKES	

Sales Tax	4.96	0.00	0.00	Total Parts	17.40
Tax	4.96	0.00	0.00	Total Labor	65.29
Estimate Total	87.65			Total Tax	4.96
				Grand Total	87.65

Thanks for the Business! Please Come Again!
Questions? Ask Darrin our Manager at 346-0709
Midas--Servicing ALL Your Automotive Needs

- MUFFLERS
- BRAKES
- SHOCK ABSORBERS
- COIL & LEAF SPRINGS
- FRONT END REPAIRS
- ALIGNMENT
- OTHER MISCELLANEOUS

LIMITED WARRANTY ON PIPE

This Midas Shop warrants pipe to the original purchaser for year from the date of installation. If during this period any part goes wrong with the pipe, upon presentation of this invoice, it be repaired or replaced free of charge by this Midas Shop. This warranty is valid only at the Midas Shop listed on this invoice. This warranty gives you specific legal rights, and you may have other rights which vary from state to state. This is not a Midas International Corporation warranty.

MIDAS MUFFLER SHOPS ACCOUNTS RECEIVABLE CONDITIONS

In the event of default in payment when due of indebtedness created by acceptance of materials and it provided by Midas Muffler, Midas shall be entitled to interest any such indebtedness from the date due at the highest rate plus reasonable attorney's fees and Court costs, wh Midas chooses to employ an attorney to collect any e indebtedness after default.

X _____
CUSTOMER SIGNATURE

Samples of all MIDAS WARRANTIES are available for inspection.

MIDAS BRAKE INSPECTION

SYMPTOMS

Noises: Constant Only When Braking Front Rear Other _____

Vehicle Pulls: Right Left

Brake Pedal: Fades Soft Hard Pulsation
 Brake Light On - Amber/Red

Problem Occurs When Brakes are: HOT COLD All the time Other _____

Has your vehicle ever had brake repairs? YES NO

If yes, type: Front Brakes Rear Brakes Both Other _____

Was the repair done at Midas? YES NO Date of repairs: _____

Have You/Anyone added brake fluid recently? YES NO

How often do you use the parking brake? Often Occ. Never

Other _____

PART	MIN. THICK SPEC.	ACTUAL THICKNESS READINGS				PART	SPECS				ACTUAL			
		Left		Right			WAGHRE	DISCARD AT 1 INCH	DRUM/COG	PARALLEL/PER	THICK. DIA.	THICK. DIA.	THICK. DIA.	THICK. DIA.
FRONT PADS/SHOES	0.10	0.117	0.110	0.118	0.137	FRONT ROTORS/DRUMS	.980	.967	.984	.985	1.024		1.031	
REAR PADS/SHOES						REAR ROTORS/DRUMS								

LINE CLAMP TEST: Internal Bypass <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Out of Round <input type="checkbox"/> Inflation <input type="checkbox"/> Worn <input type="checkbox"/> Size <input type="checkbox"/> Location <input type="checkbox"/>
BRAKE PEDAL: Low <input type="checkbox"/> High <input type="checkbox"/> Hard <input type="checkbox"/> Pulsation <input type="checkbox"/> Fades <input type="checkbox"/>	Pull Noise Lockup Pulsation Fade Location _____ 10 MPH
ABS: Warning On Off ABS On Off Rear Brake On Off	ABS Pull Noise Lockup Pulsation Fade Location _____ 30 MPH
TESTS: Warning On Off ABS On Off Rear Brake On Off	Service Worn Rubber Parts Distort/Gummy (R) Wrong Fluid (R) _____ BRAKE FLUID

PART	INSPECTED	SUGGESTED	REQUIRED	AD	CONDITIONS	CONDITIONS	AD	INSPECTED	SUGGESTED	REQUIRED	P
PADS/SHOES-FRONT	/			A	Best Wear Indicators Cracked Thru (R) Flaking/Churning (R) Separating From Backing (R) Soaked With Fluid (R) Loose Rivets (R) Worn Less Min. Spec. (R) Elec. Wear Indicator Contacts Rotor (R)	Best Wear Indicators Cracked Thru (R) Flaking/Churning (R) Separating From Backing (R) Soaked With Fluid (R) Loose Rivets (R) Worn Less Min. Spec. (R) Surface Cracking (R) Elec. Wear Indicator Contact Rotor (R) Unlevel Wears					PADS/S REAR
AXLE SEAL GREASE	/				Leaking (R)	Leaking (F)					AXLE SE
DRUM/DISC AXLE	/				Seized (R) Missing (R) Wrong (R) Broken (R) Rust/Pitted (R) Star Wheel Won't Turn Free (R) Inoperative (R)	Seized (R) Missing (R) Wrong (R) Broken (R) Rust/Pitted (R) Star Wheel Won't Turn Free (R) Inoperative (R)					DRUM/D
L CALIPER/CYL	/				Hardware Bent, Broken/Missing (R) Bleeder Screw Seized / Broken (R) Leaking (R) Slider Pin/Bolt Worn, Bent / Rust Pitted (R) Worn (R) Coating Damaged (R) Backing Plate Worn (R) Loose (R) Piston Sticking (R)	Hardware Bent, Broken/Missing (R) Bleeder Screw Seized / Broken (R) Leaking (R) Slider Pin/Bolt Worn, Bent / Rust Pitted (R) Worn (R) Coating Damaged (R) Backing Plate Worn (R) Loose (R) Piston Sticking (R)					L CALIP
R CALIPER/CYL	/				Cracked (R) Thick Van Out of Mfgs Specs (R) Excess Lateral Runout (R) Thickness or Dia. Out of Spec (R)	Cracked (R) Thick Van Out of Mfgs Specs (R) Excess Lateral Runout (R) Thickness or Dia. Out of Spec (R)					R CALIP
RTR / DRUM/NEW	/				Excess Play (R) Outer Race Loose in Bore (R) Worn (R) Pitted (R) Feel Rough When Turned (R) Worn Spindle (R)	Excess Play (R) Outer Race Loose in Bore (R) Worn (R) Pitted (R) Feel Rough When Turned (R) Worn Spindle (R)					RTR / DR
WHEEL BEARING	/				No Adjust (R) Vacuum Leak (R) Leaking Fluid (R) No Vacuum Supply (R)	Improp Adj (R) Sticking (R) Stuck (R) Cable Wire Broken (R) Parts Misa (R)					WHEEL B
MASTERS/SLAVE P/B	/			Leak (R) Internal Pedal Drop (R) Low Fluid Level Front Rear Int Leaks (F)	Torque Specification	Saltpeter (R) Broken (R) Missing (R)				MASTERS	
HOSES - STEEL LINE	/				Blistered (R) Damaged (R) Damaged Fittings (R) Incorrect Routing (R) Leaking (R) Outer Cover Cracked Thru To Fabric (R) Restricted (R) Crimped (R)	Wrong Fluid (R) Rubber Parts Distorted/Gummy (R) Other _____					HOSES OF

MIDAS STEERING/SUSPENSION INSPECTION

Pulls: Right Left Only when braking All the time

Time Wear: LF RF LR RR

Rides: OK Rough Soft Bounces Sways Wanders

Vibration Noticed In: Steering Wheel Brake Pedal Car Body

Other: _____

Has your vehicle ever had susp/steering repairs? YES NO

If yes, type: Shocks Struts Alignment Other _____

Was the repair done at Midas? YES NO Date of repairs: _____

Notice this problem: All the time Only on certain roads

HAS VEHICLE EVER BEEN INVOLVED IN AN ACCIDENT? YES NO

IF YES, WHEN _____

STEERING/HANDLING	Steering Pulling	Center Vibration	Turn Effort Torque Steer	Equip Steer Wander	Mem Steer Noise	Sway	SP-CIFICATION	P	TRES				
BRAKE	Dive	Noise	Pulsation	Vibration	Low Spongy Pedal	Pull	Cupped Feathering	Out of Round	Worn Separated Plys	Different Types	TRIP VE		
CHASSIS/HGT	SPECS	F	R	AG/LAL LF	LR	RF	RR	Custom	Damaged	Excessive Runout (R)	Missing Lug Nuts	Bent	WHEELS

PART: _____

Re: Brown vs Chevrolet Motor Division # CHV0047146

Dear [REDACTED]

Per our recent telephone conversation, I am writing to confirm the terms of the settlement verbally agreed to by you and the manufacturer in resolving your BBB AUTO LINE claim. The terms of the settlement are as follows:

Mr. [REDACTED] and Ms. Chandra Simpson representing General Motors have agreed to the following. Ms. Simpson is going to reimburse Mr. [REDACTED] the \$96.00 he spent having his rotors and brake pads repaired. Mr. [REDACTED] is going to fax Ms. Simpson a copy of his vehicle registration and a copy of a proof of payment. Ms. Simpson is also going to call the dealership and let them know that GM is going to repair Mr. Brown's brake pads and rotors. Mr. Brown is going to be responsible for making the appointment. This should all be completed within thirty days from the date on this letter. The BBB AUTO LINE will verify performance.

If your understanding of the verbal settlement differs from the written statement outlined above, please contact me immediately at 800.955.5100. If I do not hear from you it will be assumed the terms of your settlement are accurately stated above.

I will follow up with you after the date for performance of the settlement to confirm all required actions have been satisfactorily completed.

Please let me know immediately if you believe the manufacturer has not satisfactorily performed the settlement. If that happens and you contact me within 60 days from the date of this letter, we will reopen your case based on the age and mileage of the vehicle at the time you filed this claim. If you contact me after the 60-day period, I will open a new case for you and I will have to make a new eligibility determination based on the age and mileage of your vehicle at that time.

Sincerely,

Melissa Smarr at Extension 515

cc: Donna Gumm

*This Agreement Never
Has taken place. Brown Chevrolet in
Montgomery WA said GM has no Authority
to tell Service Depts what has to be
repaired, or when to repair it.*