

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 231</p>		
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>Date Received 16-JAN-2001</p>		<p>Od_or _____ ri_dt _____ od_rt _____ up_itr _____</p>		
<p>OWNER INFORMATION (Type or Print)</p>		<p>Reference No. 878208</p>		<p>Work Number _____ Home Number _____</p>		
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>						
<p>Signature of Owner _____ Date ____/____/____</p>						
VEHICLE INFORMATION						
<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 Injectio</p>	<p>No Cylinders _____</p>	
<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>City _____ State _____ Zip Code _____</p>		<p>Transmission Type</p>	<p>Antilock Brakes</p>	<p>Restraint System</p>	
<p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p>	<p><input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Cruise Control</p>	
<p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Drive Tra</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 Ult Truck <input type="checkbox"/> Motorcycle</p>	
<p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>	FAILED COMPONENT(S)/PART(S) INFORMATION					
<p>Component 03000000</p>	<p>Part Name(s) BRAKES:SERVICE BRAKES</p>		<p>Location</p>		<p>Failed Part(s)</p>	
<p><input type="checkbox"/> Left <input type="checkbox"/> Front</p>	<p><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) _____ Vehicle Speed at Failure(s) _____</p>	<p>Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	APPLICATION INCIDENT INFORMATION					
<p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)</p>						
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalitie</p>	<p>Estimated Property Damag</p>	<p>Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
<p>CONSUMER STATE WHILE TRAVELING THE BRAKES LIGHT INDICATION LIGHT WOULD FLASH ALSO BRAKES PEDAL WOULD TRAVEL TO FLOOR BOARD WHEN DEPRESS. PLEASE PROVIDE FURTHER INFORMATION.</p>						
CONTINUE ON BACK IF NEEDED						
<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>						