



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

130

Date Received

30-JAN-2001

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Reference No.

879323

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):<br><small>(Located at bottom of<br/>windshield on driver's side)</small> | Vehicle Make<br><b>CHEVROLET</b> | Vehicle Model<br><b>MALIBU</b> | Vehicle Year<br><b>1998</b> | Current Odometer Reading |
|----------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------|-----------------------------|--------------------------|

|                                                                                            |                                                              |                                                             |                                                                                                                                              |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Used | Dealer's Name _____<br>City _____ State _____ Zip Code _____ | Engine Size _____<br>(CID/CC/L) _____<br>No Cylinders _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                |                                                                                               |                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                        |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                               |                                                                                            |                                                                                                                                          |                                                                                             |
|-------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>012000000</b> | Part Name(s)<br><b>STEERING GEAR BOX</b>                                                   | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures<br><b>3</b>   | Date(s) of Failure(s)<br>Mileage at Failure(s) <b>24000</b><br>Vehicle Speed at Failure(s) | Failed Part(s)<br>Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                 | NHTSA Previously<br>Contacted?<br><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<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-----------------------------------------------------------------------------------------------|

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

**STEERING GEAR BOX HAS FAILED WHILE DRIVING, CAUSING A LOSS OF STEERING CAPABILITY DUE TO FAULTY PARTS. CONSUMER HAS HAD STEERING GEAR REPLACED A TOTAL OF 3 TIMES.\*AK**

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.



# Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

## OWNER INFORMATION (Type or Print)

670925

Work Number

Home No.

Reference No.

878323

DATE OF INVESTIGATION

30-JAN-2001

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FOR AGENCY USE ONLY 160

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
☒ YES ☐ NO  
In the absence of a signature of owner, name and address to the vehicle manufacturer.

Date 2/11/01

## VEHICLE INFORMATION

Vehicle Identification No. (VIN) 101NES2M9W6191045  
Vehicle Make CHEVROLET  
Vehicle Model MALIBU  
Vehicle Year 1998  
Current Odometer Reading 24,102

Purchase Date

Dealer's Name *Bay City Chevrolet*

☒ New ☐ Used

Engine Size (CID/CCL) 3100  
No Cylinders 6  
Turbo ☐  
Diesel ☐  
Gas ☒  
Fuel Injection ☐

Transmission Type ☒ Automatic ☐ Manual  
Antilock Brakes ☒ Yes ☐ No  
Restraint System ☒ 3-Point Belt ☐ 2-Point Belt ☐ Motorball  
Cruise Control ☒ Yes ☐ No  
Drive Train ☒ Front ☐ Rear ☐ 4-Wheel  
Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other  
Sport Utility ☐ Truck ☐ Motorcycle ☐ Other  
Body Style ☒ 2-Door ☐ 4-Door ☐ Station Wagon ☐ Pick Up Truck ☐ Other

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01200000  
Part Name(s) STEERING:GEAR BOX  
Location ☒ Front ☐ Left ☐ Right ☐ Rear  
Failed Part(s) ☒ Original ☐ Replacement

No of Failures 3  
Date(s) of Failure(s) 11/2/95  
Mileage at Failure(s) 24000  
Vehicle Speed at Failure(s)  
Failed Part(s) ☒ Yes ☐ No  
Available? ☒ Yes ☐ No  
NHTSA Previously Contacted? ☒ Yes ☐ 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 ☐ Yes ☒ No  
Fire ☐ Yes ☒ No  
Number of Persons Injured  
Number of Fatalities  
Estimated Property Damage  
Reported to Police ☐ Yes ☒ No

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

STEERING GEAR BOX HAS FAILED WHILE DRIVING, CAUSING A LOSS OF STEERING CAPABILITY DUE TO FAULTY PARTS. CONSUMER HAS HAD STEERING GEAR REPLACED A TOTAL OF 3 TIMES. AK

*Charles stated that this model and one of its siblings may have this safety problem.*

CONTINUE ON BACK IF NEEDED

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