



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

Date Received

05-MAR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

882046

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>(Location at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G1NE52M9X6170099	CHEVROLET	MALIBU	1999			
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 Injectio			
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 Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input 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 Util <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 _____

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
No of Failure	Date(s) of Failure(s) 17-FEB-2001 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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	Number of Fatalities	Estimated Property Damag	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 END WAS MAKING A GRINDING NOISE AND IT WOULDN'T STOP RIGHT AWAY. DEALER BOTH ROTORS WOULD NEED TO BE REPLACED ALTHOUGH ONE SIDE SEEMED TO BE AFFECTED. DEALERS HAD NO REASONABLE EXPLANATION FOR PROBLEM. *AK

COPIED FROM NHTSA - FEB 2001

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 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 Date Received: <u>05-MAR-2001</u> DEFECT INVESTIGATION	
U.S. Department of Transportation National Highway Traffic Safety Administration		Od_or _____ rt_dt _____ od_rt _____ up_itr _____	
OWNER INFORMATION (Type or Print) [Redacted] 677997		Reference No. 882046	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of Signature of Owner: [Redacted]		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO the vehicle manufacturer. Date <u>3/21/2001</u>	
VEHICLE INFORMATION			
Vehicle Ident No (VIN) (Located at bottom of windshield on driver's side) [Redacted]	Vehicle Make CHEVROLET	Vehicle Model MALIBU	Vehicle Year 1999
		Current Odometer Reading 39,205	
Dealer's Name <u>Flow Auto Plaza</u> City <u>WINSTON SALEM</u> State <u>N.C.</u> Zip Code <u>27103</u>		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	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	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 checked="" 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 checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
		Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input checked="" type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" 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 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 <u>2</u>	Date(s) of Failure(s) <u>17-FEB-2001</u> Mileage at Failure(s) <u>39,059</u> Vehicle Speed at Failure(s) <u>35 MPH</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" 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>FRONT END WAS MAKING A GRINDING NOISE AND IT WOULDN'T STOP RIGHT AWAY. DEALER BOTH ROTORS WOULD NEED TO BE REPLACED ALTHOUGH ONE SIDE SEEMED TO BE AFFECTED. DEALERS HAD NO RESEASONABLE EXPLANATION FOR PROBLEM. *AK</p> <p><i>I had the brakes checked at 38,923 miles on odometer, when I had my car serviced and tires rotated, at 67 size and automatic where I have my car serviced on a regular basis →</i></p>			
CONTINUE ON BACK IF NEEDED			
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Washington, DC 20590
400 7th Street, SW
Information Management Staff NSA-10.01
National Highway Traffic Safety Administration
U.S. Department of Transportation

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at that time I was told by Royce Boger
My brakes did not need new brake pads.
He told me my brake pads were ok. 2 wks
later I came to an intersection applied the
brakes, they made a grinding noise the car went
into the highway before it stopped. I took it
to flow motor because it continued to make
a noise. They told me one of my rotors was bad
it had a groove in the rotor on the inside
1/2 in deep. The other rotor was ok. I checked
the rotors myself. They could not explain why
one rotor would go bad & not the other. The
rotor on the passenger side was fine. my
pads were not worn out. There is always black

NARRATIVE DESCRIPTION (CONTINUED)	
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.	
THE IDENTIFICATION NO. *	D O T
MANUFACTURER/TIRE NAME	
SIZE	
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)	
Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail	

The wiper blades scrubbed all time. Some time they
just completely stop replaced blade, then the problem got
worse

THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

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