



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

02-MAY-2001

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

Reference No.

887285

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		
1G1N352M9X6146465	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 checked="" 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 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
No of Failure	Date(s) of Failure(s) 25-MAY-2000 13001 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)**

CONSUMER HAS REPLACED PADS/CALIPERS AND ROTORS 3 TIMES, AND GETTING READY TO REPLACE THEM AGAIN. VEHICLE WAS SHAKING/SHUTTERING AND GRINDING WHEN BRAKES WERE APPLIED. CHEVROLET DEALER DIDN'T SEEM TO THINK IT WAS A PROBLEM. IT WAS NO REASON FOR THEM TO BE REPLACED THIS CLOSE TOGETHER. MANUFACTURER COULD ONLY SAY THERE WAS NO RECALL, AND UNTIL THEN THEY HAVE NO OBLIGATION. \*AK

CONTINUE ON REVERSE

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)

689736

Work Number  
Home Number

Signature of Owner

Date 05/14/01

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

Do you authorize NHTSA to provide a copy of report to the vehicle manufacturer in the absence of an authorized representative?

FOR AGENCY USE ONLY 436  
Date Received  
Order No.  
Order Date  
Reference No.  
887285

Vehicle Ident. No. (VIN) 1G1N352M9X6146465  
Vehicle Make CHEVROLET  
Vehicle Model MALIBU  
Vehicle Year 1999  
Current Odometer Reading

Purchase Date 04-03-00  
Dealers Name Lewis Motors (Capital Chevrolet)  
City JUNEAU State AK Zip code 99801  
Engine Size (CID/Gal.)  
Turbo Diesel Gas Fuel Injection

Transmission Type Automatic  
Antilock Brakes Manual  
Restraint System 3-Point Belt  
Driver's Side Airbag 2-Point Belt  
Passenger's Side Airbag  
Cruise Control  
Drive Train Front  
Vehicle Type Car  
Body Style 2-Door


Component 03270000  
Part Name(s) BRAKES:HYDRAULIC-SHOE:DISC BRAKE SYSTEM  
Location Front  
Failed Part(s) Original Replacement  
Date(s) of Failure(s) 25-MAY-2000  
Mileage at Failure(s) 1300  
Vehicle Speed at Failure(s) (See letter)  
No of Failures 3/4  
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(ES)

CONSUMER HAS REPLACED PADS/CALIPERS AND ROTORS 3 TIMES, AND GETTING READY TO REPLACE THEM AGAIN. VEHICLE WAS SHAKING/SHUTTERING AND GRINDING WHEN BRAKES WERE APPLIED. CHEVROLET DEALER DIDN'T SEEM TO THINK IT WAS A PROBLEM. IT WAS NO REASON FOR THEM TO BE REPLACED THIS CLOSE TOGETHER. MANUFACTURER COULD ONLY SAY THERE WAS NO RECALL, AND UNTIL THEN THEY HAVE NO OBLIGATION. \*AK

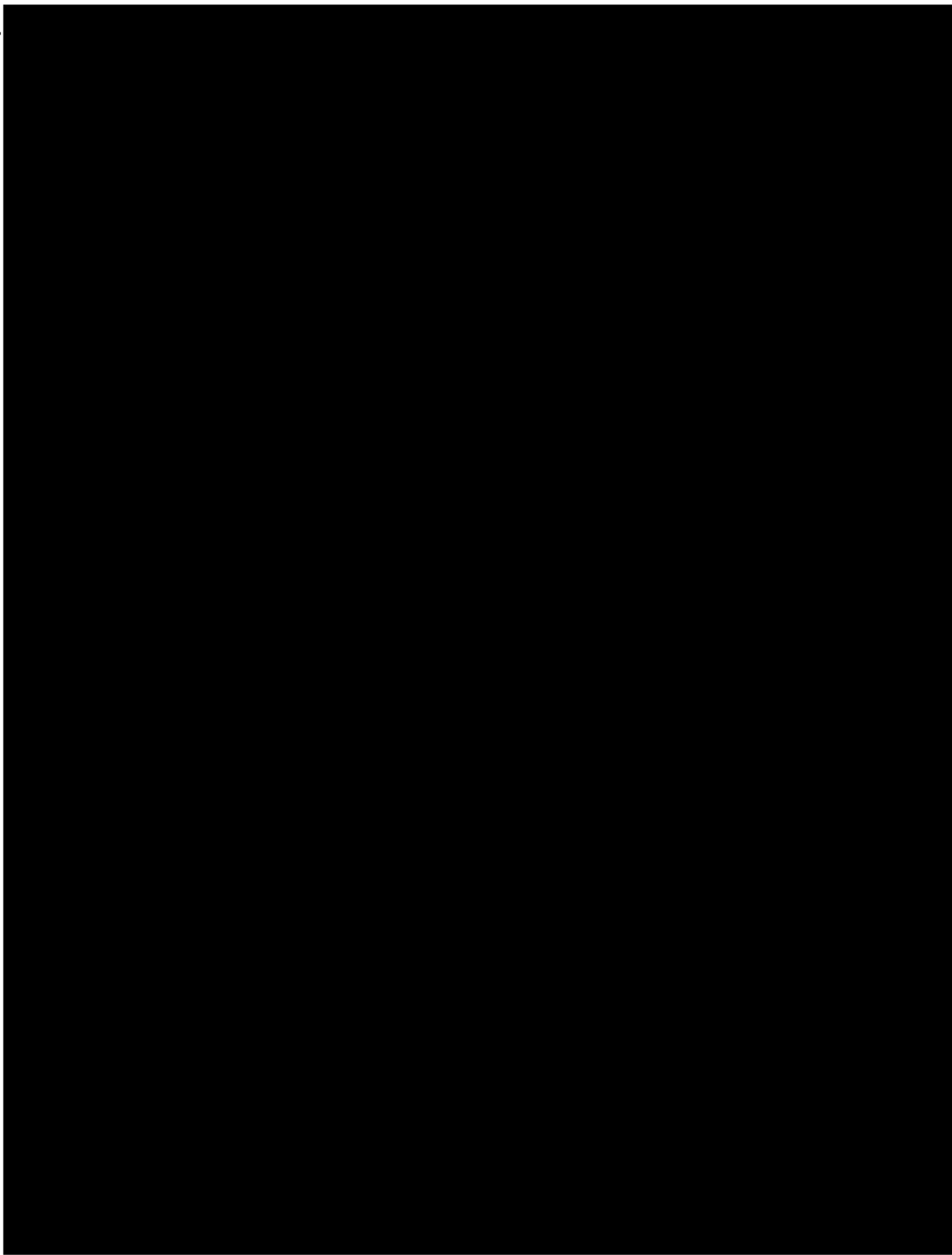
... See attached letter and dealership work orders.

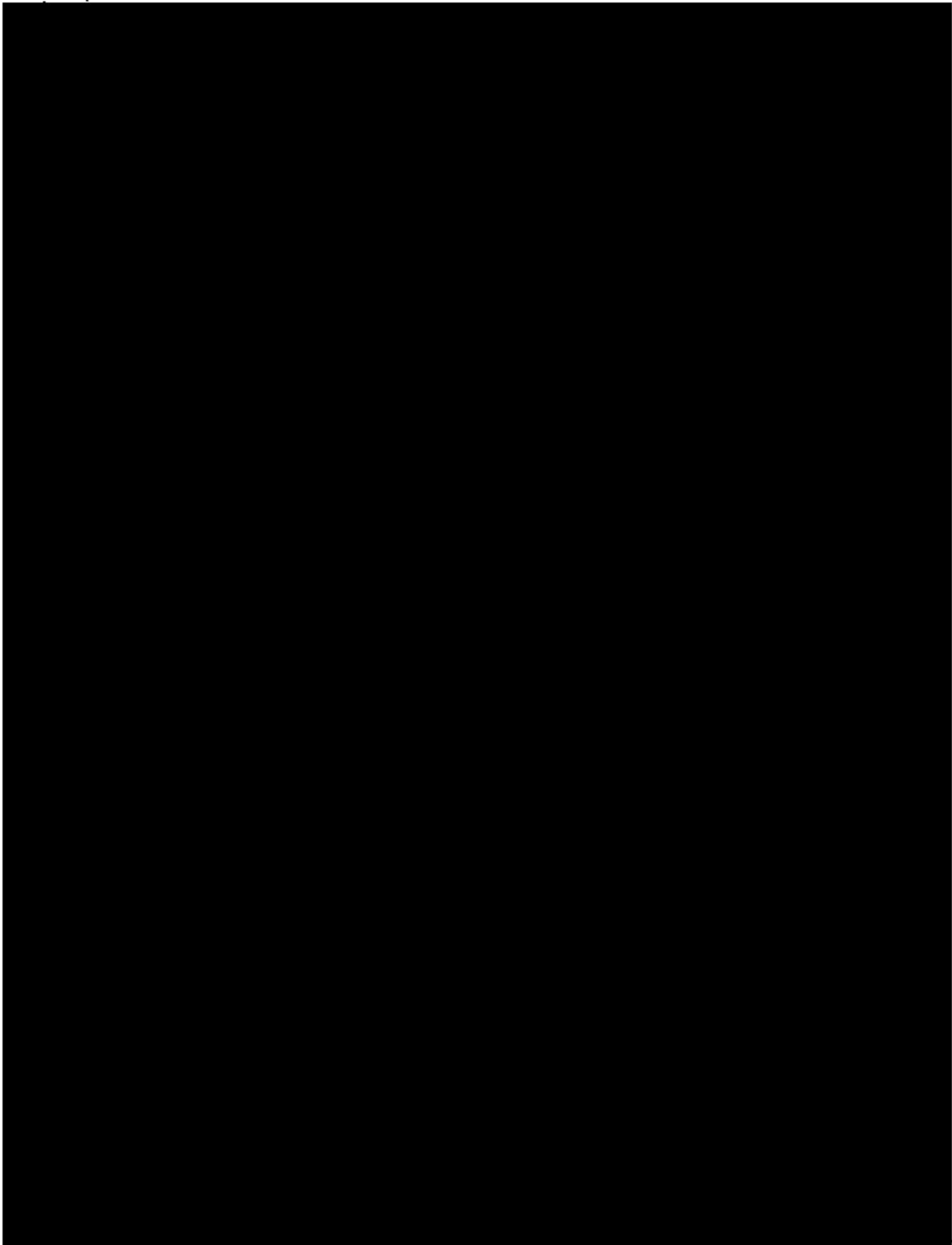
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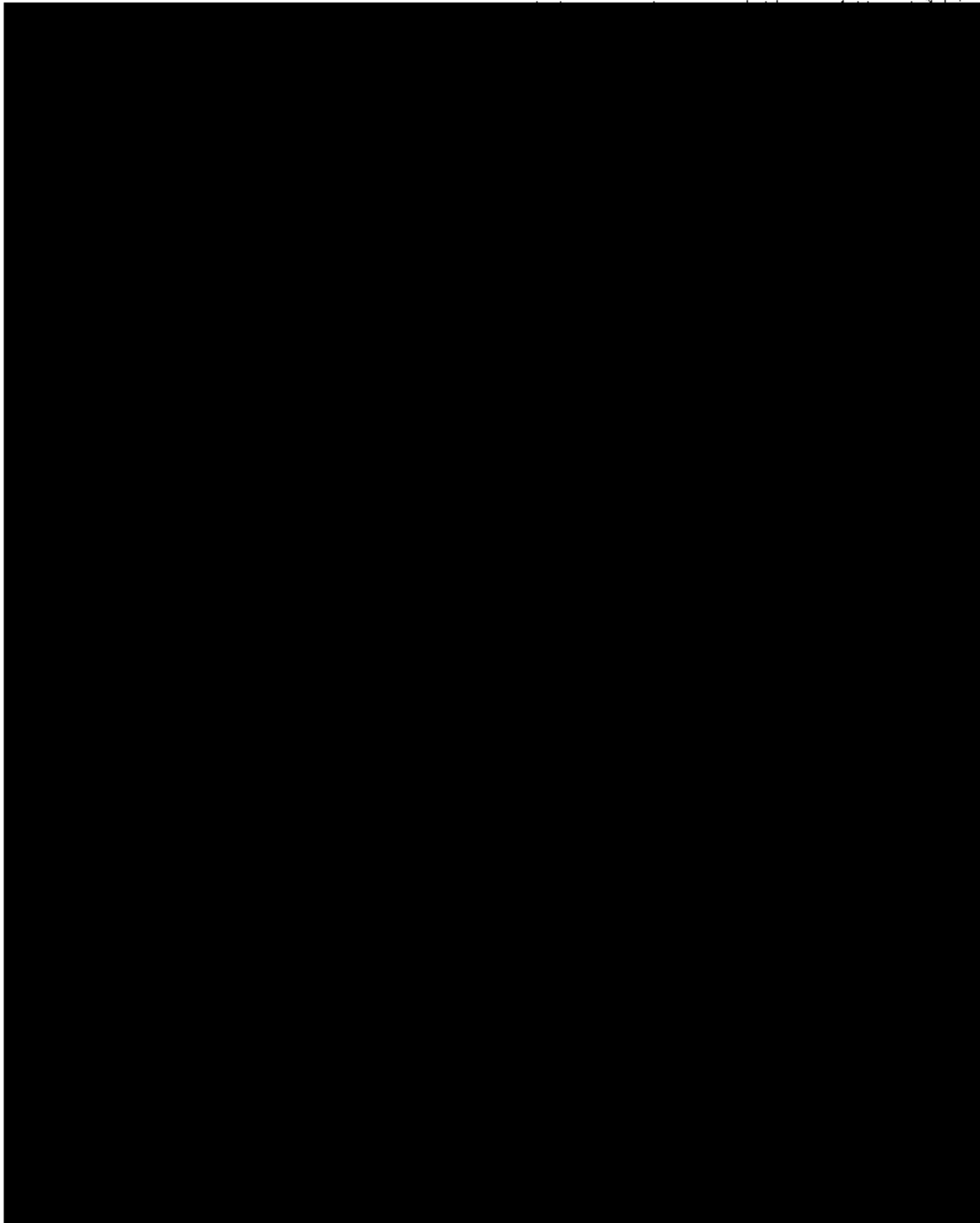
 DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY</b> 436	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 02-MAY-2001	Od_or _____ rt_dl _____ ad_rt _____ up_ltr _____
<b>OWNER INFORMATION (Type or Print)</b>		Reference No. 887285	
[Redacted] 689736		Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" 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.			
Signature of Owner [Redacted]		Date 05/17/01	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1G1N352M9X6146465	Vehicle Make CHEVROLET	Vehicle Model MALIBU	Vehicle Year 1999
Current Odometer Reading		Purchase Date 04-03-00	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's Name Lewis Motors (Capital Chevrolet)	Engine Size (CID/CC/L) _____ No Cylinders _____
City JUNEAU State AK Zip Code 99801		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
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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"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures 3/4	Date(s) of Failure(s) 25-MAY-2000 (see letter) Mileage at Failure(s) 13001 Vehicle Speed at Failure(s) (see letter)	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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)			
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CONTINUE ON BACK IF NEEDED			
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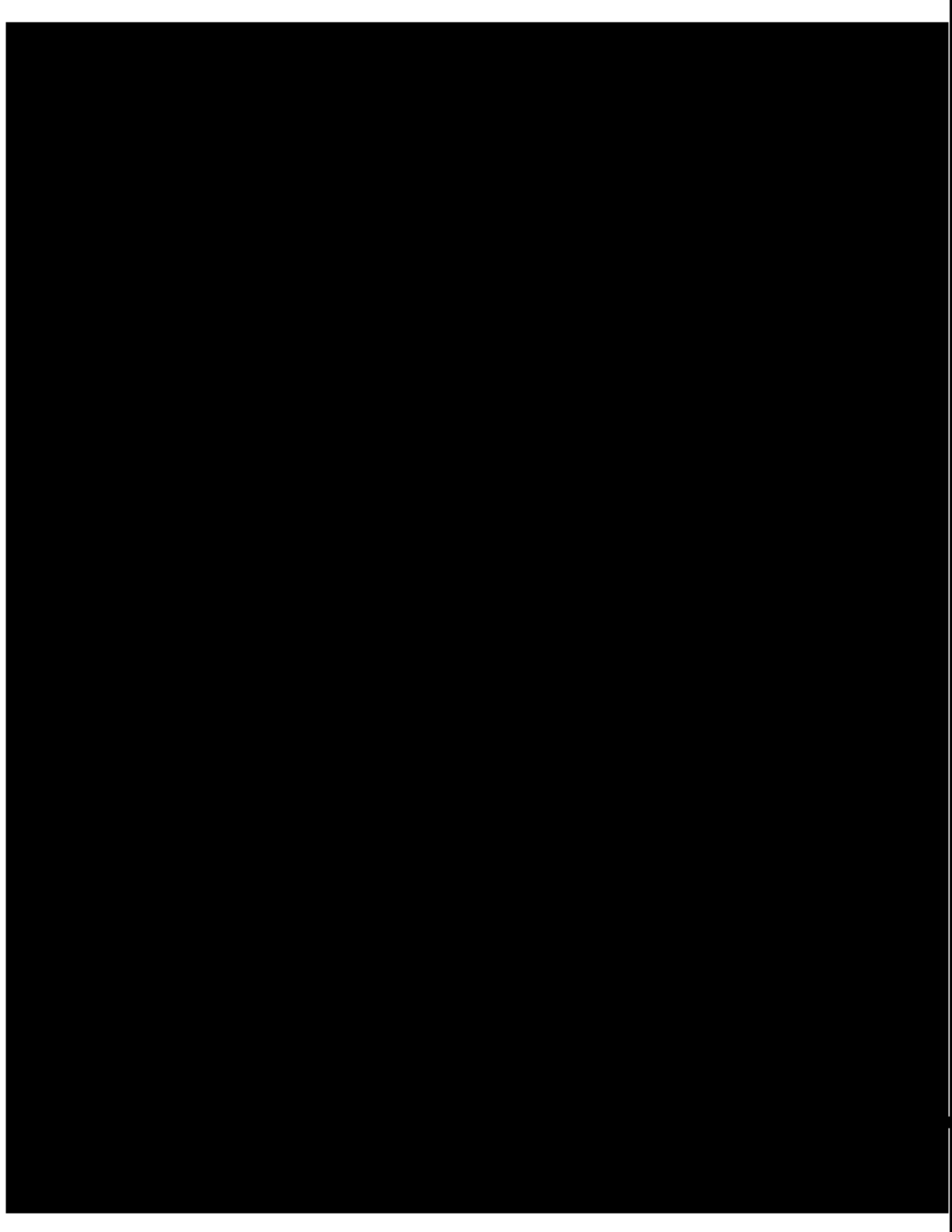
THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 1 through Page 2)



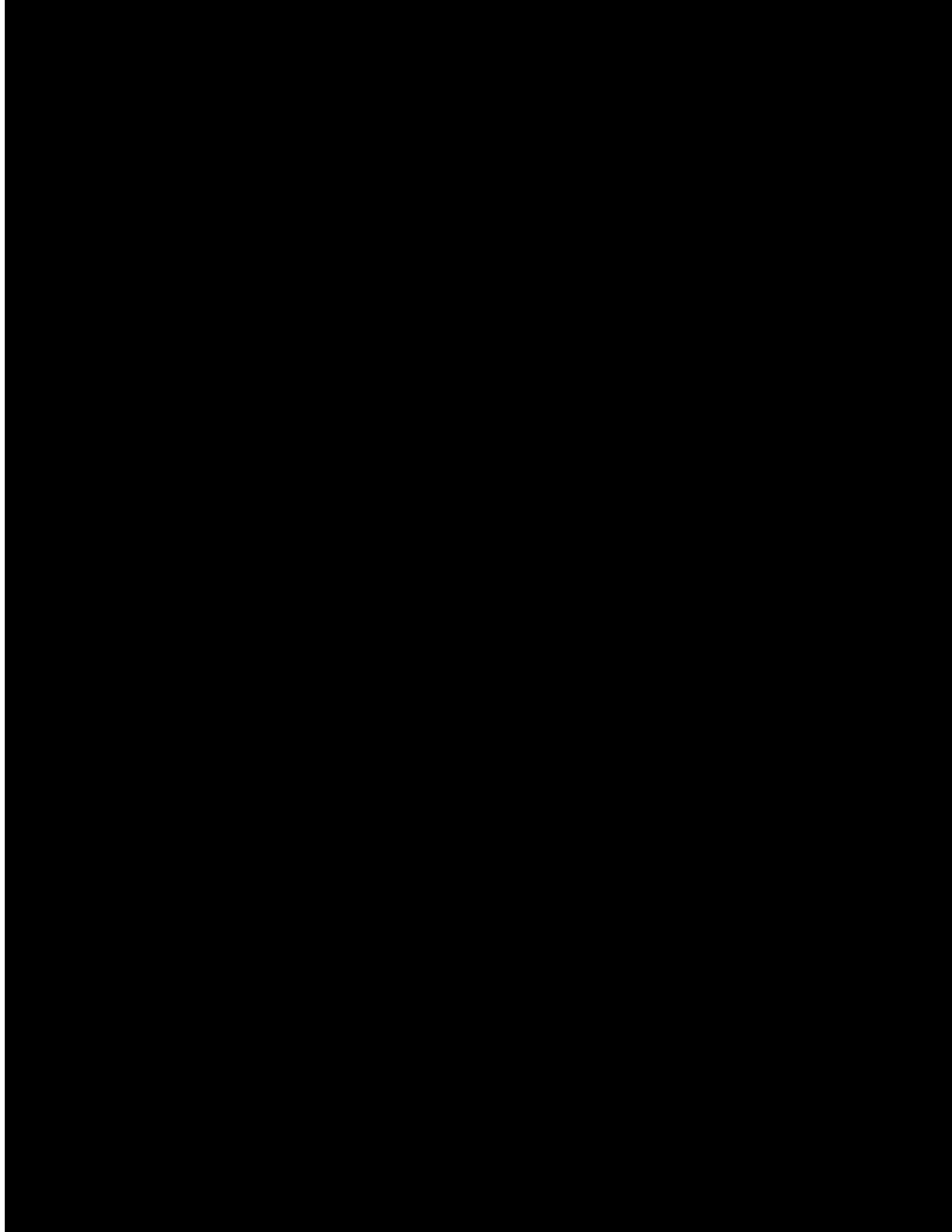






WARRANTY REPAIR ORDER

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THANK YOU FOR LETTING US SERVE YOU!

