



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 798**

Date Received

22-MAY-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

888882

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>(Location at bottom of<br/>windshield and driver's side)</small> |                                                                        | Vehicle Make                                                                                                                                                                                                                   | Vehicle Model                                                          | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                                                                                |
| 1G1NV52J7Y6183749                                                                                   |                                                                        | CHEVROLET                                                                                                                                                                                                                      | MALIBU                                                                 | 2000                                                                                                                                         |                                                                                                                                                                                                                                                         |
| Purchase Date                                                                                       | Dealer's Name _____                                                    |                                                                                                                                                                                                                                | Engine Size<br>(CID/CC/L _____)                                        | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                               | City _____ State _____ Zip Code _____                                  |                                                                                                                                                                                                                                | No Cylinders _____                                                     |                                                                                                                                              |                                                                                                                                                                                                                                                         |
| Transmission Type                                                                                   | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                                               | Cruise Control                                                         | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                               | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle |
|                                                                                                     |                                                                        |                                                                                                                                                                                                                                |                                                                        |                                                                                                                                              | Body Style                                                                                                                                                                                                                                              |
|                                                                                                     |                                                                        |                                                                                                                                                                                                                                |                                                                        |                                                                                                                                              | <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>03250000<br>03273000 | Part Name(s)<br>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM<br>BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB | 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 Failure<br>3                | Date(s) of Failure(s) 01-AUG-2000<br>3<br>Mileage at Failure(s) _____                     | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<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><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

**BRAKES AND ROTORS HAVE BEEN REPLACED THREE TIMES SINCE PURCHASE OF VEHICLE.  
CONTACTED DEALER, AND DEALER WAS NOT WILLING TO DO ANYTHING.\*AK**

COPIES OF THIS FORM ARE:

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.

|                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <br><b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br><b>NATIONWIDE 1-888-DASH-2-DOT</b><br><b>1-888-327-4236</b><br><b>www.nhtsa.dot.gov/hotline</b>                                                                                       |  | <b>FOR AGENCY USE ONLY 796</b><br>Date Received _____<br>22-MAY-2001<br>OFFICE INVESTIGATION<br>DEFECTS                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                                                                           |  | Od_or _____<br>rt_dt _____<br>od_rt _____<br>up_itr _____<br>Reference No.<br><b>888882</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| OWNER INFORMATION (Type or Print)                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                           |  | 693454                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.<br>Signature of Owner _____<br>Date <u>6/9/01</u>                |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>Work Number _____<br>Home Number _____                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| Vehicle Ident. No. (VIN) _____<br>(located at bottom of windshield on driver's side)<br><b>1G1NV52J7Y6183749</b>                                                                                                                                                          |  | Vehicle Make <b>CHEVROLET</b><br>Vehicle Model <b>MALIBU</b><br>Vehicle Year <b>2000</b><br>Current Odometer Reading <b>39000</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Purchase Date _____<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                              |  | Dealer's Name <u>Bellegrino</u><br>City <u>Westville</u> State <u>NJ</u> Zip Code _____<br>Engine Size _____ CID/GC/L _____<br>No Cylinders _____<br><input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                                                                                                                                                                                                                                          |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                                                                                                                                     |  | Antilock Brakes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbel:<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag<br>Cruise Control<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel |  |
| Vehicle Type<br><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Lit<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><input type="checkbox"/> 2-Door<br><input checked="" 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>03250000</b><br><b>03273000</b>                                                                                                                                                                                                                           |  | Part Name(s)<br><b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</b><br><b>BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Location<br><input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear                                                                                                 |  | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| No of Failures<br><b>3</b>                                                                                                                                                                                                                                                |  | Date(s) of Failure(s) <u>01-AUG-2000</u><br>Mileage at Failure(s) <u>3</u><br>Vehicle Speed at Failure(s) <u>SEE COPIES ENCLOSED</u><br>Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                              |  |
| APPLICATION INCIDENT INFORMATION<br>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                              |  | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Number of Persons Injured _____                                                                                                                                                                                                                                           |  | Number of Fatalities _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Estimated Property Damage _____                                                                                                                                                                                                                                           |  | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>BRAKES AND ROTORS HAVE BEEN REPLACED THREE TIMES SINCE PURCHASE OF VEHICLE. CONTACTED DEALER, AND DEALER WAS NOT WILLING TO DO ANYTHING.*AK</b>                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* 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.

NARRATIVE DESCRIPTION (CONTINUED)

As you can see by the copies enclosed, the brakes have been changed 3 times within 36,000 miles. Which I know is NOT NORMAL. I was told at about 3,000 miles that there was a recall on the brakes because they were having problems. 31,000 miles later I'm still having a problem. And they have the nerve to tell me it's due to excessive braking and one of the guys told me it was normal wear. I don't think so. I

U.S. G.P.O. 1992-823-887 / 3095

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20580

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Penalty for Private Use \$300



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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20580



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)

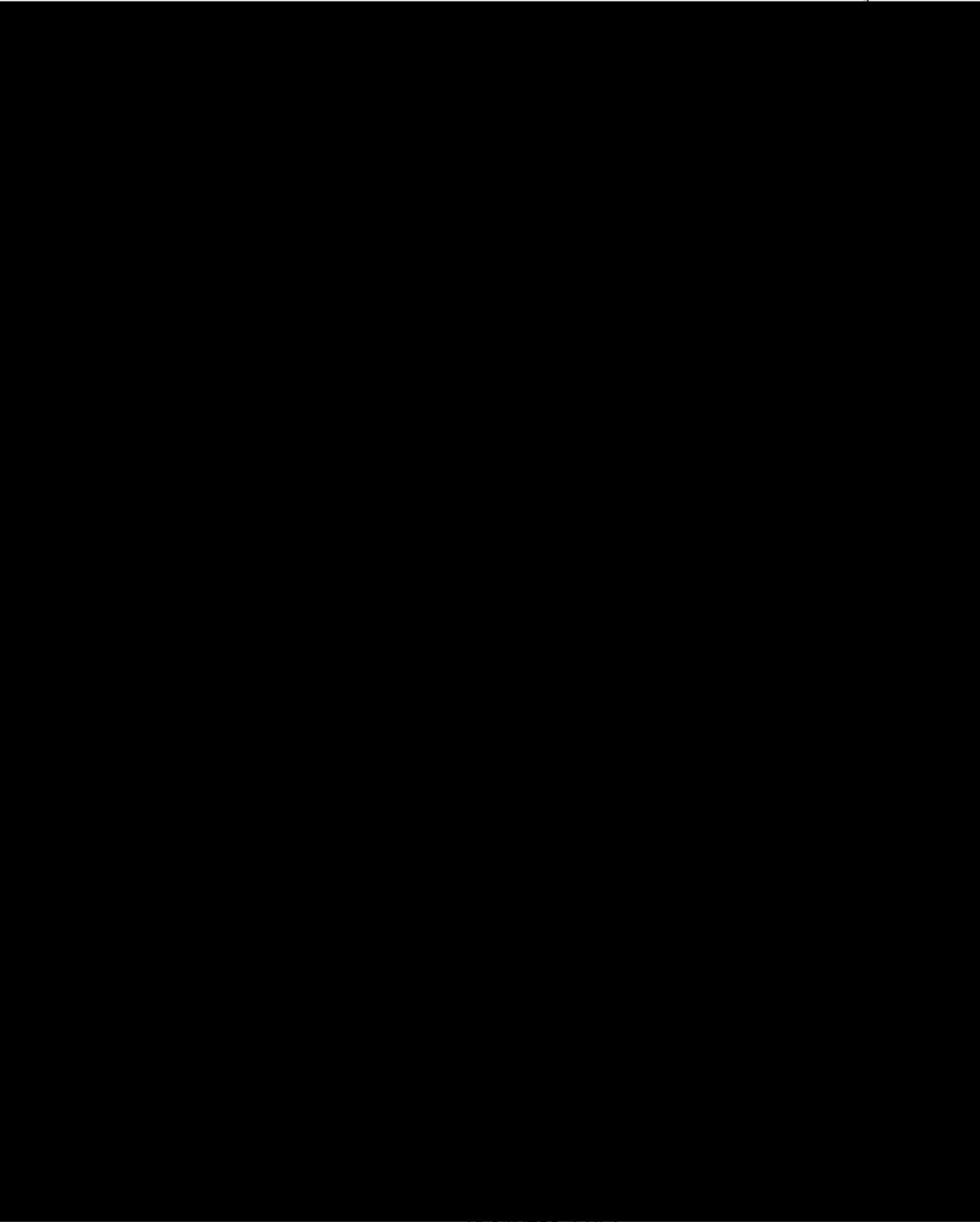
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