Form Approved: OMB No. 2127-0001

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 284

Date Received: 21-JUN-2001

Od_or
rt_dt
od_rt
np_ltr

Reference No.: 890851

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
	CHEVROLET	MALIBU	2000	

Purchase Dat		Engine Size	
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L ____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
03250000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
	21-MAY-2001 9 Mileage at Failure(s)_____	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHILE DRIVING AND UPON APPLYING BRAKES BRAKE PEDAL WENT STRAIGHT TO THE FLOORBOARD, CAUSING EXTENDED STOPPING DISTANCES THAT RESULTED IN AN CRASH. THE VEHICLE WAS TOTALED. PLEASE PROVIDE ADDITIONAL DETAILS. *AK

CONTINUED ON REVERSE

Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation
National Highway Traffic Safety Administration

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 284

Date Received: 21-JUN-2001

01 JUL 17 PM 3:53
OFFICE OF DEFECTS INVESTIGATION

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 890851

OWNER INFORMATION (Type or Print)

[redacted] 698223

Work Number: [redacted]
Home Number

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 6/30/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at: bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	CHEVROLET	MALIBU	2000	

Purchase Date: ☒ New ☐ Used

Dealer's Name _____ City Holland State PA. Zip Code _____

Engine Size (CID/CC/L) _____ No Cylinders _____

☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengeraide Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
03250006	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	21-MAY-2001	☐ Yes ☐ No	☐ Yes ☐ No

Mileage at Failure(s) 9
Vehicle Speed at Failure(s) _____

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	TOTALED	☐ Yes ☒ No

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

WHILE DRIVING AND UPON APPLYING BRAKES BRAKE PEDAL WENT STRAIGHT TO THE FLOORBOARD, CAUSING EXTENDED STOPPING DISTANCES THAT RESULTED IN AN CRASH. THE VEHICLE WAS TOTALED. PLEASE PROVIDE ADDITIONAL DETAILS. *AK

CONTINUE ON BACK IF NEEDED

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): Brakes locked, Lost Control of Car Stoped IT, I Thought, To Slow IT down agaiST the Slope. INSTead I went head on to the Pole. I Could Not Stir Right or Left IT Just went Straight. the Air bag Came out flat!

★ U.S. G.P.O.: 1992 - 432-807/60386

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

SAN BERNARDINO CA 924
PM
9 JUL
2001

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BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590