



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 1038

Date Received

03-JUL-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

891964

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 windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G1ND52T3XY149697	CHEVROLET	MALIBU	1999			
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<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	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<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 _____	<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 2	Date(s) of Failure(s) 01-JUL-2001 20 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)

WHEN BRAKE PEDAL IS DEPRESSED TO MAKE A GRADUAL STOP VEHICLE SHAKES. DEALER HAS REPLACED BRAKE ROTORS TWICE. PLEASE PROVIDE FURTHER DETAILS.*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.



Vehicle Owner's Questionnaire (VOQ)

DOT Auto Safety Hotline

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

NATIONWIDE 1-888-DASH-2-DOT

OWNER INFORMATION (Type or Print)

700491

Reference No. 891964

DEFECTS INVESTIGATION OFFICE
03-JUL-2001
DATE RECEIVED

FOR AGENCY USE ONLY
1038

Signature of Owner

[Redacted Signature]

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)

1G1ND52T3XY149697

Vehicle Make

CHEVROLET

Vehicle Model

MALIBU

Vehicle Year

1999

Current Odometer Reading

21,500

Purchase Date

Dealer's Name: Cumy Chevrolet Geo.
City: Scarsdale State: NY Zip code: 10583

New Used

Antilock Brakes

Manual Automatic

Transmission Type

Restraint System

3-Point Belt 2-Point Belt

Motorbelt Driver's Side Airbag

Passenger's Side Airbag

Crash Control

Yes No

Drive Train

Front Rear 4-Wheel

Vehicle Type

Car Van Minivan Other

Sport Utr Truck Motorcycle

Body Style

2-Door 4-Door Station Wagon Pick Up Truck Other

Component 03273000

Part Name(s) BRAKES:HYDRAULIC;DISC;ROTOR;DISC HUB

FAILED COMPONENT(S)/PART(S) INFORMATION

No of Failures X3

Date(s) of Failure(s) 15 June 2001

Mileage at Failure(s) 14,401

Vehicle Speed at Failure(s) 15/319

Failed Part(s) Available? Yes No

Failed Part(s) Contacted? Yes No

Failed Part(s) NHTSA Previously Reported to Police 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)

WHEN BRAKE PEDAL IS DEPRESSED TO MAKE A GRADUAL STOP VEHICLE SHAKES. DEALER HAS REPLACED BRAKE ROTORS TWICE. PLEASE PROVIDE FURTHER DETAILS. AK

See Repair orders

15 June 2000 INV 124864

16 August 2000 INV 126855 follow up INV 128539

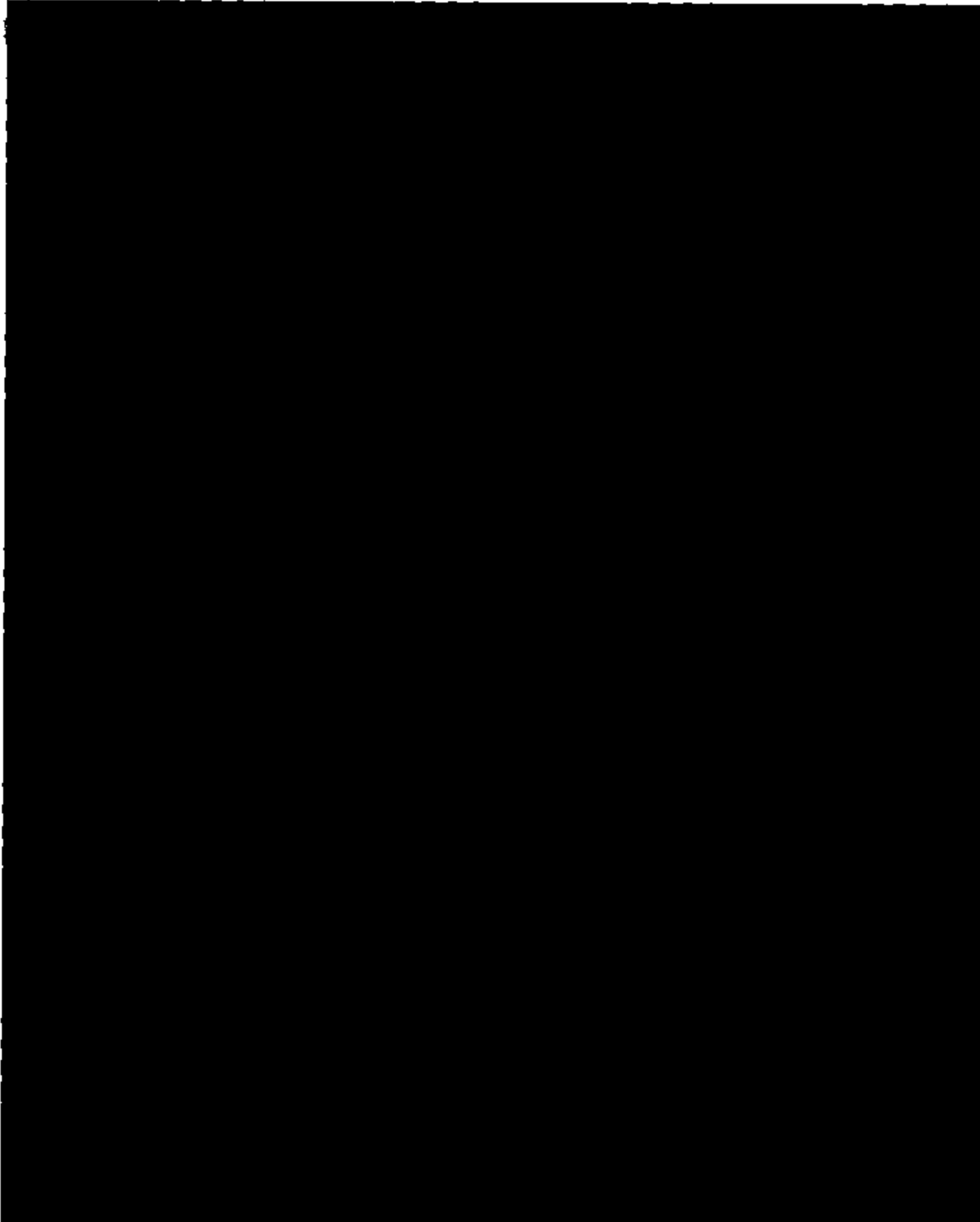
12 July 2001 INV 137823

CONTINUE ON BACK IF NEEDED

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(Page 1 through Page 7)



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