



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 125

Date Received

29-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

895449

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) (Location at bottom of windshield and driver's side) 1G1NE52JXY6117872	Vehicle Make CHEVROLET	Vehicle Model MALIBU	Vehicle Year 2000	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**WHILE DRIVING AND WITHOUT A COLLISION OCCURRING DRIVER'S AND PASSENGER'S AIR BAGS
DEPLOYED, CAUSE UNKNOWN. PLEASE GIVE ANY 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.



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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NAT ONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 125

Date Received

01 SEP 25 AM 11:05

29-AUG-2001

OFFICE

EFFECTS IN

STIG

Old or

1st

Old or

up_ltr

Reference No.

895449

Work Number

Home Number

OWNER INFORMATION (Type or Print)

711961

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

YES NO

Signature of Owner

Date 9/11/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located on left front windshield or driver's side) 1G1NE52JXY6117872
Vehicle Make CHEVROLET
Vehicle Model MALIBU
Vehicle Year 2000
Current Odometer Reading 31702

Purchase Date 2/17/01
Dealer's Name Pride Chevrolet
City Lynn State Mass Zip Code 01905
Engine Size (CID/CC/L) No Cylinders 6
Transmission Type ☐ Manual ☒ Automatic
Antilock Brakes ☐ Yes ☒ No
Restraint System ☒ 1-Point Belt ☐ Motorbelt ☐ 2-Point Belt
☒ Driver's side Airbag ☐ Passenger's side Airbag
Cruise Control ☒ Yes ☐ No
Drive Train ☒ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☒ Car ☐ Sport Utility ☐ Truck ☐ Motorcycle
☐ Minivan ☐ Other
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000
Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT
Location ☒ Left ☒ Right ☐ Front ☐ Rear
Failed Part(s) ☒ Original ☐ Replacement

No of Failures Both air bags
Date(s) of Failure(s) 7/24/01
Mileage at Failure(s) 31702 Approx
Vehicle Speed at Failure(s) 0
Failed Part(s) ☒ Yes ☐ No
NHTSA Previously ☐ 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 1
Number of Fatalities
Estimated Property Damage \$2,300
Reported to Police ☐ Yes ☒ No

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

WHILE DRIVING AND WITHOUT A COLLISION OCCURRING DRIVER'S AND PASSENGER'S AIR BAGS DEPLOYED, CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS: *AK

The previous few days my car electrical system gave signs of was working especially the alarming of sporadically. I don't know if this was related to my air bags exploding as I parked my car in front of my house. My foot was on the brake and my hand on the shift to park. Then bags hit the side of my face as I was looking at shift not straight forward. I was in the street there was nothing to cause any impact. The day was extremely hot.

CONTINUE ON BACK IF NEEDED

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