



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 117

Date Received

17-SEP-2001

Od_or

rt_dt

pd_rt

rp_lr

Reference No.

896385

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		
1G1ND52M6W6109634	CHEVROLET	MALIBU	1998			
Purchase Date <input type="checkbox"/> New <input checked="" 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 type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input 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 checked="" 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	Date(s) of Failure(s) _____ 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 Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

BRAKE ROTORS WARPED CAUSING VEHICLE TO JERK WHENEVER BRAKES WERE APPLIED. WOULD BE VERY HARD TO MAINTAIN CONTROL WHEN IT HAPPENED. TOOK TO DEALERSHIP, AND HAD ROTORS REPLACED UNDER WARRANTY 1ST TIME. AT 38,000 MILES THE SAME PROBLEM OF WARPED ROTORS. DEALERSHIP WILL NOT REPLACE. CLAIMED ROTORS WERE TOO THIN TO BE TURNED.*AK

COPIED FROM NHTSA FILE # 01-0001

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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center; border-bottom: 1px solid black;">FOR AGENCY USE ONLY 117</p> <p>Date Received <u>10/15/01</u></p> <p>Office <u>BEREA</u></p> <p>Reference No. <u>896385</u></p>
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OWNER INFORMATION (Type or Print)

Vehicle Identification Number (VIN) 1G1ND52M6W6109634 715583

Work Number _____
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 10/03/01

VEHICLE INFORMATION

Vehicle Ident No (VIN) <u>1G1ND52M6W6109634</u>	Vehicle Mak <u>CHEVROLET</u>	Vehicle Mode <u>MALIBU</u>	Vehicle Year <u>1998</u>	Current Odometer Reading <u>APPROXIMATELY 38,300</u>
Purchase Date <u>NOV. 97</u>	Dealer's Name <u>MERRICK CHEVROLET</u>	Engine Siz (CID/CC/L) <u>3.1 L</u>	<input type="checkbox"/> Turbo Diesel Gas Fuel Injectio <input checked="" type="checkbox"/> No Cylinders <u>6</u>	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>BEREA</u> State <u>OH</u> Zip Code <u>44</u>	Transmission Type <input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag
Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front-Rear 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utl Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component <u>03273000</u>	Part Name(s) <u>BRAKES-HYDRAULIC:DISC:ROTOR:DISC HUB</u>	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <u>2</u>	Date(s) of Failure(s) _____ Mileage at Failure(s) <u>1 27000</u> <u>2 38000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

BRAKE ROTORS WARPED CAUSING VEHICLE TO JERK WHENEVER BRAKES WERE APPLIED. WOULD BE VERY HARD TO MAINTAIN CONTROL WHEN IT HAPPENED. TOOK TO DEALERSHIP, AND HAD ROTORS REPLACED UNDER WARRANTY 1ST TIME. AT 38,000 MILES THE SAME PROBLEM OF WARPED ROTORS. DEALERSHIP WILL NOT REPLACE. CLAIMED ROTORS WERE TOO THIN TO BE TURNED. *AK AT 27,000 MILES - DEALER REPLACED ROTORS (WARRANTY). AT 38,000 MILES - DEALER CLAIMED WARPED ROTORS TOO THIN TO BE TURNED, WOULD NOT REPLACE (1ST VISIT). DEALER TURNED WARPED ROTORS ON FOLLOW-UP VISIT, DEM FRONT BRAKE PADS ALSO REPLACED - BOTH @ CUSTOMERS EXPENSE. (OVER)

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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)

I AM ALSO CONCERNED THAT THE WARPED ROTORS MAY "TRICK" THE FRONT ABS BRAKES INTO NOT WORKING PROPERLY DUE TO THE CONSTANTLY CHANGING SPEED OF THE FRONT WHEELS/ROTORS. THE CHANGE IN SPEED WOULD BE THE RESULT OF BRAKE PADS GRIPPING AND HOLDING THE ROTORS (WARPED ROTORS) EVERY TIME THE BRAKES ARE USED. DRIVING IN RAINY, SNOWY CONDITIONS WOULD MAKE THE PROBLEM EVEN WORSE AND CREATE A VERY UNSAFE CONDITION - [REDACTED] 10-03-01

* U.S. G.P.O. 1982 - 625-847 / 80786

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

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