

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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received 30-DEC-2002 2003 MAR 14 11: 41	Repository <input type="checkbox"/>
	Reference No. 010001646
Daytime Telephone Number	E-mail Address
Evening Telephone Number	

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: PROVIDENCE FORGE State: VA Zip Code: [Redacted]

Do you authorize this [Redacted] manufacturer of your vehicle? YES NO
In the absence of an authorized name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 02/25/03

VEHICLE INFORMATION

Make: CHEVROLET	Model: MALIBU	Model Year: 1999
Date Purchased:	Dealer's Name and Telephone Number:	Engine: No. Cylinders:
Original Owner: <input type="checkbox"/>	Dealer's City:	Fuel Type:
State:	Zip Code:	
Transmission Type: <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain:	Vehicle Component Code: 091200 FUEL SYSTEM, OTHER-STORAGE; FUEL GAUGE SYSTEM
Multiple Failure:		

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 16-NOV-2002	Failure Mileage: 50000	Failure Speed:
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make:	Tire Model (Name or Number):	Tire Size (Example P215/65R15):
DOT No. (Example: DOTM49ABC036):	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code:	Tire Failure Type:	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

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 Deaths:	Reported to Police: N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

VEHICLES FUEL INJECTOR WAS LEAKING AND FUME SMELL LEAKED INSIDE. PLEASE PROVIDE ADDITIONAL INFORMATION. TS

Second leak - fuel pressure Regulator - fumes
Fumes caused respiratory problems

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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.

Called Feb 25, 2003 8:30
Mrs. Davis - Rep. Cust. Ser.
(Davis?) Fax # 202-366-7882

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**