



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100161

Date Received

Repository

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Reference No.  
10016127

**OWNER INFORMATION (Type or Print)**

Name

Daytime Telephone Number

E-mail Address

Address

Evening Telephone Number

City ELKRIDGE

State MD

Zip Code

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 5/2/03

**VEHICLE INFORMATION**

Make

CHEVROLET

Model

MALIBU

Model Year

1999

Date Purchased

4/99

Dealer's Name and Telephone Number

Jerry's Chevrolet (410) 661-9100

Engine:

No: Cylinders

Fuel Type:

Reg

Original Owner

Dealer's City

Baltimore

State

MD

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

070000 FUEL SYSTEM, GASOLINE

Multiple Failure:

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)

Failure Mileage

Failure Speed

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Firestone

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

Original Equipment  
 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

Yes  No

Fire

Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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).

WHEN THE VEHICLE WAS STARTED THE GAS GAUGE REGISTERED FULL. WHILE DRIVING THE GAS GAUGE CHANGED TO DIFFERENT AMOUNTS (1/4, 1/2, 3/4) OF GAS. THE VEHICLE SHUT DOWN FROM HAVING NO GAS IN THE TANK BUT THE GAUGE READ FULL. \*NLM

This can be extremely dangerous because I can never tell the true amount of gas that's in my car. The gas gauge moves to full every time it's started, then it changes constantly each time I drive, when I stop, etc. It needs to be addressed!

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.