



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 100147

Date Received

2003 MAY 27 AM 9:19  
21 APR 2003

Repository

Reference No.  
10017238

**OWNER INFORMATION (Type or Print)**

Name

Address

City

HUNTINGTON BEACH

State CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 05/05/03

**VEHICLE INFORMATION**

Make

CHEVROLET

Model

MALIBU LS  
Gold Edition

Model Year

1999

Date Purchased

09-04-99

Dealer's Name and Telephone Number

Showcase Chevrolet (714) 903-3100

Engine: 3100SP1

No. Cylinders 4

Fuel Type:

Original Owner

Dealer's City

Westminster

State

CA

Zip Code

92683

Transmission Type

4-SPD  
Automatic  
With overdrive

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

103000 POWER TRAIN: AUTOMATIC TRANSMISSION

Multiple Failure:

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

Incident Date(s)

10 FEB 2003

Failure Mileage

33,625

Failure Speed

Approx. 5-10

8-31 Front transmission seal replaced 9-6-01 Performed diagnostic inspection 10-01-01 defective forward clutch housing. Replacedaskets & firmer clutch housing

1-01-01 & 12-01-01

**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: 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

0

Number of Deaths

0

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 CONSUMER PRESSED THE ACCELERATOR PEDAL THE VEHICLE WOULD NOT MOVE. THE DEALER WAS NOTIFIED. \*NLM

1) July 2001 I pressed on the gas pedal & the car would not move for a few seconds and then jerk and move. 2) I was coming out of a driveway and the car stayed stuck for a few seconds between two lanes and cars were coming towards my car in those two lanes. I was making a left turn without a light and pressed the gas pedal and the car got stuck for a few seconds in the middle of the intersection. The car coming the opposite side almost hit my car. I was stopped at a red light the light turned green I pressed the gas pedal the car

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.

→ OVER

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

didn't move and the car behind me almost rear ended my car (3) Replaced front transmission seal 8-3-01. Performed diagnostic inspection 9-6-01. Replaced forward clutch housing and gaskets 10-1-01.

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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  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



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OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
ON

**DASH2DOT**

and dial toll free at

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**1-888-327-4238**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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**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).**