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 100079

Date Received	Repository ☐
12-JUL-2003	Alt. Complaint No. 10022953

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address: [redacted]	Evening Telephone Number	
City: PITTSBURGH	State: PA	Zip Code: [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an a[redacted]our name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 6/7/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number (enter "unknown" if vehicle is not available)	Make	Model	Model Year
1G1N[redacted]	CHEVROLET	MALIBU	2000

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
9/29/2002	Dreyfus, Opel Monroeville	No. Cylinders: 6	
Original Owner ☐	Dealer's City: Monroeville, PA	State: PA	Zip Code: 15146

Transmission Type	Antilock Brakes	Powertrain	Vehicle Component Code
Standard	☒ Cruise Control: ☐		116000 ELECTRICAL SYSTEM:IGNITION
			Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
12-JUN-2003			

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

WHILE DRIVING HIT A BUMP OR POT HOLE AND VEHICLE SHUT DOWN COMPLETELY. DEALER HAS INSPECTED VEHICLE FOUR TIMES, AND PROBLEM STILL OCCURRING. *AK

When brakes are applied suddenly, car does not stop, brakes have to be reapplied to stop.
On occassions, The car shuts off when started up.

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