

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 252	
U.S. Department of Transportation National Highway Traffic Safety Administration		Data Received 2004 APR 29 AM 8:29	Repository <input type="checkbox"/> Reference No. 10066388
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address			
City	State	Zip Code	Evening Telephone Number
HALIFAX	PA		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of a name or address to the vehicle manufacturer.			
Signature of Owner		Date 4/19/04	
VEHICLE INFORMATION			
17 digit Vehicle Identification Number (VIN) or equivalent on driver's side		Make	Model
1G1NE62MBW6141680		CHEVROLET	MALIBU
Model Year	Date Purchased	Dealer's Name and Telephone Number	Engine No. Cylinders
1998			
Original Owner	Dealer's City	State	Zip Code
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code
	<input type="checkbox"/> Cruise Control		012200 STEERING: COLUMN LOCKING: ANTI-THEFT DEVICE
Multiple Failure: 1			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s)	Failure Mileage	Failure Speed	
31-MAR-2004		20	
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: DOTM13ABC038)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths
		0	0
			Reported to Police
			Y
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 20 MPH AND MAKING A LEFT TURN STEERING WHEEL LOCKED UP. DRIVER APPLIED THE BRAKES AND PEDAL WENT TO THE FLOOR. DRIVER LOST CONTROL OF THE VEHICLE AND HIT A rock ^{rock} . THE DRIVER WAS NOT HURT. THE VEHICLE WAS TOWED BY THE ^{THE} REPAIR SHOP ^{REPAIR SHOP} .			
<i>Tire Locking</i> Detailed description is included in attached letter.			
Includes, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY			
<small>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 responses 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.</small>			

April 19, 2004

I believe there was a conflict of interest between parties. The General Motors inspector is contracted by General Motors, the GM dealer (Sutliff) is supplied of course by GM, and Allstate (as told to me by Debra Onafrea) does quite a bit of business with the dealer.

I told Mr. Adams per a telephone conversation, that this matter was not handled to my satisfaction. Mr. Adams replied that "the inspector gave him the report, and he made the decision". Upon asking what exactly was done to my vehicle, he replied "he took it apart, and I did not have to worry because they fixed the problem". I asked him to explain. Mr. Adams said "they put new bearings in the steering assembly, because once you remove the old bearings they must be replaced by new ones". He also mentioned that a photo was taken.

I feel that it is quite possible that an unauthorized repair was made to my vehicle to cover up the fact that the power steering defect (recall) caused my accident. No other cause for my accident was cited. I know by contradictions in telephone conversations that General Motors is not being completely honest about my claim. I also feel that Allstate backed off in their representation of me.

On a side note, I asked Mr. Adams why it took so long for General Motors to recall such a dangerous defect. (My Chevrolet Malibu was built in 1997. It is now 2004 and I did not receive a recall notice.) He replied that they are working on it, and he was sorry. Oddly, one week later, I received a recall notice.

I would very much appreciate an inquiry into my situation. As this is extremely unfortunate for me, I would also like to prevent or aid another consumer dealing with a similar type of dilemma.

Sincerely,



Enclosure

~~EXHIBIT~~ ~~REPAIRS~~ ~~PAID TO~~ ~~THE~~ ~~STATE~~

ALLSTATE INSURANCE COMPANY
HARRISBURG MCO
6345 FLANK DRIVE
HARRISBURG, PA 17112
SUPPLEMENT HOTLINE: [REDACTED] EXT [REDACTED]

(717) 540-7500

CD LOG NO 2460 -1

SUPPLEMENT S1

02-27-04 9:18
03-17-04 11:00

CLAIM INFORMATION

CLAIM # [REDACTED]
COMPANY ALLSTATE INSURANCE COMPANY
INSURED [REDACTED]
CLAIMANT [REDACTED]

POLICY # [REDACTED]
CLAIM REP [REDACTED]
LOSS DATE 01-30-04
LOSS TYPE COLLISION

INSPECTION

TYPE
PRIMARY POI FIELD
APPRAISER NAME FRONT END RIGHT
LICENSE # [REDACTED]
WORK PHONE [REDACTED]
ADDRESS [REDACTED]
CITY STATE HARRISBURG
ZIP [REDACTED]

SECOND POI
FAX [REDACTED]
INSP DATE 03-17-04
LOCATION SUTLIFF CHEVY
CITY STATE HARRISBURG

OWNER

[REDACTED]
HALIFAX PA [REDACTED]

WORK# [REDACTED]
HOME# [REDACTED]

REPAIR

ATTN LES
SUTLIFF CHEVROLET INC
13TH & PAXTON ST POB 1307
HARRISBURG PA 17105-
SHOP PHONE (717) 234-0181

SHOP LIC#
CAR IN
CAR OUT
REPAIR DAYS
FAX (717) 234-65

VEHICLE

1998 CHEVROLET MALIBU LS 4 DR SEDAN
6CYL GASOLINE 3.1

OPTIONS

TWO-STAGE - EXTERIOR SURFACES
CRUISE CONTROL
BUMPER COVER MOUNTED FOG LAMPS
POWER DOOR LOCKS
POWER WINDOWS

TWO-STAGE - INTERIOR SURFACES
HEATED BACK GLASS
REMOTE KEYLESS ENTRY SYSTEM
ELEC REMOTE CONTROL MIRRORS

BODY COLOR BLUE
CONDITION GOOD
LICENSE # [REDACTED]

MILEAGE 90,828
VIN 1G1NE52M8W6141580
CODE 0263

1998 CHEVROLET MALIBU LS 4 DR SEDAN

02-27-04 9:18 AM

CLAIM #

LOG 2460 -1

S1 03-17-04 11:00 AM

ATTN REPAIR SHOP:ALL SUPPLEMENT REQUESTS MUST BE CALLED TO 1-800-726-8890

EXT 7580-----DO NOT CALL ADJUSTER FOR SUPPLEMENTS

FAILURE TO CALL HOT LINE MAY RESULT IN NON-PAYMENT OF NON-APPROVED SUPPLEMENTS

LKQ AVAILABLE-250 AUTO WRECKERS-800-334-9811X236QUOTE440523

OP CODES:

* = USER-ENTERED VALUE	E = REPLACE OEM	NG = REPLACE NAGS
EC = COMPETITIVE PART	UC = RECONDITIONED PRT	UM = REMAN/REBUILT PRT
EU = RECYCLED PART	EP = COMPETITIVE PART	PC = FXN RECONDITIONED
PM = FXN REMAN/REBUILT	TE = PARTL REPL PRICE	ET = PARTL REPL LABOR
IT = PARTIAL REPAIR	I = REPAIR	L = REFINISH
BR = BLEND REFINISH	TT = TWO-TONE	CG = CHIPGUARD
SB = SUBLET	N = ADDITIONAL LABOR	RI = R&I ASSEMBLY
P = CHECK	AA = APPEAR ALLOWANCE	RP = RELATED PRIOR
UP = UNRELATED PRIOR		

OP	GDE	MC	DESCRIPTION	MFR.	PART NO.	PRICE	AJ%	B4	HOURS	R
EC	0006		COVER, FRONT BUMPER		COMPETITIVE PART	229.00*		S1	2.2	1
L	0006		COVER, FRONT BUMPER		REFINISH				3.7	4
					2.6 Surface					
					0.6 Two-stage setup					
					0.5 Two-stage					
E	0052		LAMP ASSEMBLY, FOG	RT	22652888 GM PART	85.70	-10	S1	INC	1
E	0071		PANEL, LOWER RAD MTG		22602298 GM PART	37.85*	-10	S1	0.2	1
EU	0596		CRADLE, ENGINE		RECYCLED PART	125.00*	+25		5.4	2
I	0104		FENDER, FRONT	RT	REPAIR				1.0*	1
L	0104		FENDER, FRONT	RT	REFINISH				2.6	4
					2.2 Surface					
					0.4 Two-stage					
E	0247		GUARD, FENDER MUD	RT	12365208 GM PART	17.39	-10		0.2	1
E	0152		SKIRT, INNER FENDER	RT	22603518 GM PART	41.51	-10		0.3	1
E	0112		SHIELD, FRONT SPLASH	RT	22610204 GM PART	24.12	-10	S1	INC	1
E	0114		SHIELD, FRONT SPLASH	RT	22607002 GM PART	13.20	-10		0.2	1
E	0139		BRKT, FRONT FENDER	RT	22603244 GM PART	10.10	-10		0.1	1
E	0778		PAN, ENGINE OIL		12512670 GM PART	140.16	-10	S1	3.2	2
E	0780	01	FILTER, ENGINE OIL		25010792 GM PART	5.39*	-10	S1	INC	2
					BETTERMENT			10		
E	0792		SUPT, ENGINE MOUNT	LT	24504187 GM PART	23.78	-10		0.2	2
E	0793		MOUNT, ENGINE FRONT		22657322 GM PART	54.21*	-10	S1	INC	2
RI	0827		MOUNT, TRANSMISSION		R&I ASSEMBLY			S1	0.2	2
E	0819		BRRT, TRANS MOUNT STRU		22614831 GM PART	26.05	-10	S1	0.2	2
PC	0750		WHEEL, FRONT	RT	FXN RECONDITIONED	221.75			0.2	1
E	0658		HUB, FRONT WHEEL	RT	88957259 GM PART	391.15	-10	S1	1.1	2
E	0654		ARM, LOWER CONTROL	R/F	22625030 GM PART	110.00*	-10	S1	0.4	2
E	0660		STRUT ASSEMBLY, FRON	RT	22064731 GM PART	285.45	-10		0.9	2
					BETTERMENT			25		
E	0772		JOINT, STEERING COLUMN		22605916 GM PART	67.40	-10	S1	3.0	2
E	0784		PUMP ASSY, POWER STRG		26043370 GM PART	112.65	-10		1.2	2
E	1794		BELT, DRIVE		12569376 GM PART	50.60*	-10	S1	0.4	2
E	1797		PULLEY, P/S PUMP		10166335 GM PART	31.72	-10	S1	INC	2
EC	M03		FLEX ADDITIVE		COMPETITIVE PART	8.00*				4

ALLSTATE INSURANCE COMPANY
MARKET CLAIM OFFICE
6343 FLANK DRIVE SUITE 1000
HARRISBURG PA [REDACTED]



[REDACTED]

HALIFAX PA [REDACTED]

Loss Report Date:
January 30, 2004

February 20, 2004

Monday-Friday 8:00am-5:30pm

Claim Number: [REDACTED]
Date of Loss: January 30, 2004
Location: RT 147 HARRISBURG
Our Insured: [REDACTED]
Claimant: [REDACTED]

Thank you for continuing to work with Allstate Insurance Company on this collision claim.

Currently:

1. We are in the process of concluding the claim

We will inform you of the status of the claim until it is concluded. We anticipate that this matter will be resolved in 10 days or sooner. If you have any questions, feel free to contact us at 717-540-7500.

You can also check the status of your claim online. Visit the Customer Care Center on Allstate.com to find out more about claim status and the many other services available to you online.

[REDACTED]
Allstate Insurance Company

GKH

040220000530618C





GMC

GENERAL MOTORS BUSINESS RESOURCE CENTER

March 4, 2004

[Redacted]

Halifax, PA [Redacted]

RE: Service Request 1-186774723

Vehicle Identification Number: 1G1NE52M8W6141580

Dear [Redacted]

Thank you for allowing us the opportunity to review the product allegation involving your 1998 Chevrolet Malibu.

Our research revealed no evidence to support the product allegation. Therefore, General Motors is unable to assume responsibility for damages and we suggest that you resolve this matter through your insurance carrier.

Sincerely,

James Adams
Customer Relationship Manager
Product Allegation Resolution Team
General Motors Corporation
1-800-231-1841 Ext. 58273

ALLSTATE INSURANCE COMPANY
MARKET CLAIM OFFICE
6345 FLANK DRIVE SUITE 1000
HARRISBURG PA 17112-2763



HALIFAX PA

Loss Report Date:
January 30, 2004

February 20, 2004

Monday-Friday 8:00am-5:30pm

Claims Number: [REDACTED]
Date of Loss: January 30, 2004
Location: RT 147 HARRISBURG
Our Insured: [REDACTED]
Claimant: [REDACTED]

Thank you for continuing to work with Allstate Insurance Company on this collision claim.

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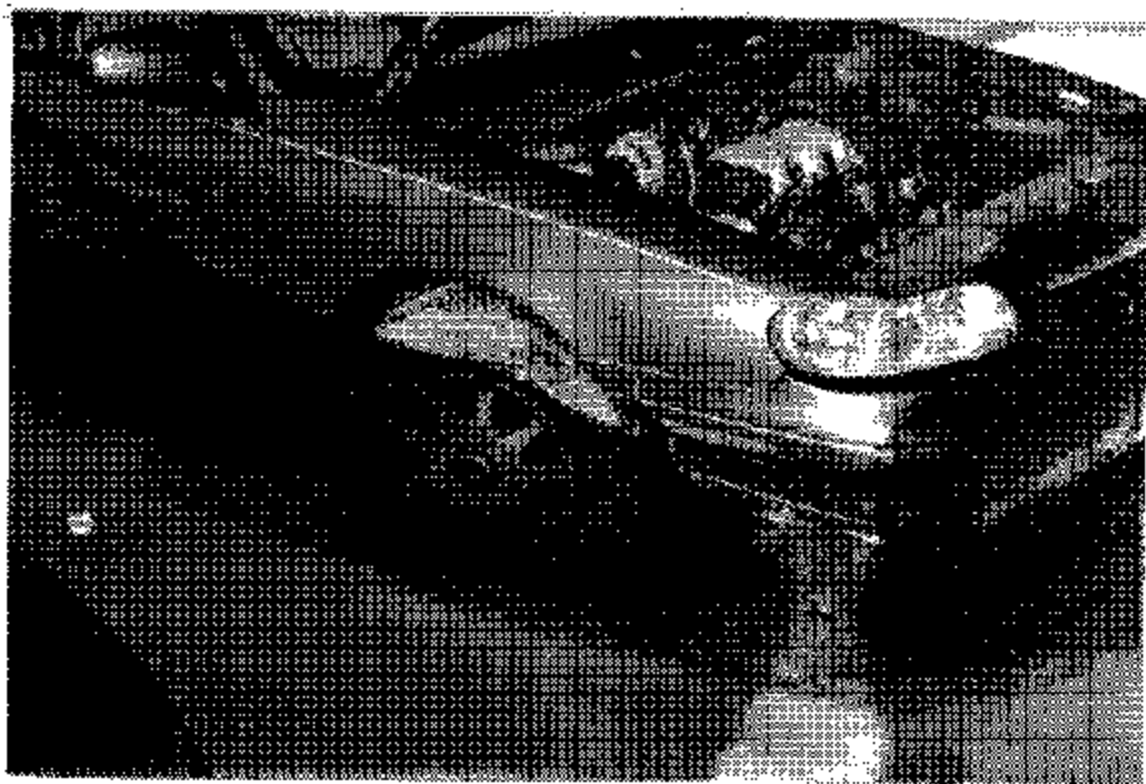
We will inform you of the status of the claim until it is concluded. We anticipate that this matter will be resolved in 10 days or so. If you have any questions, feel free to contact us at 717-540-7500.

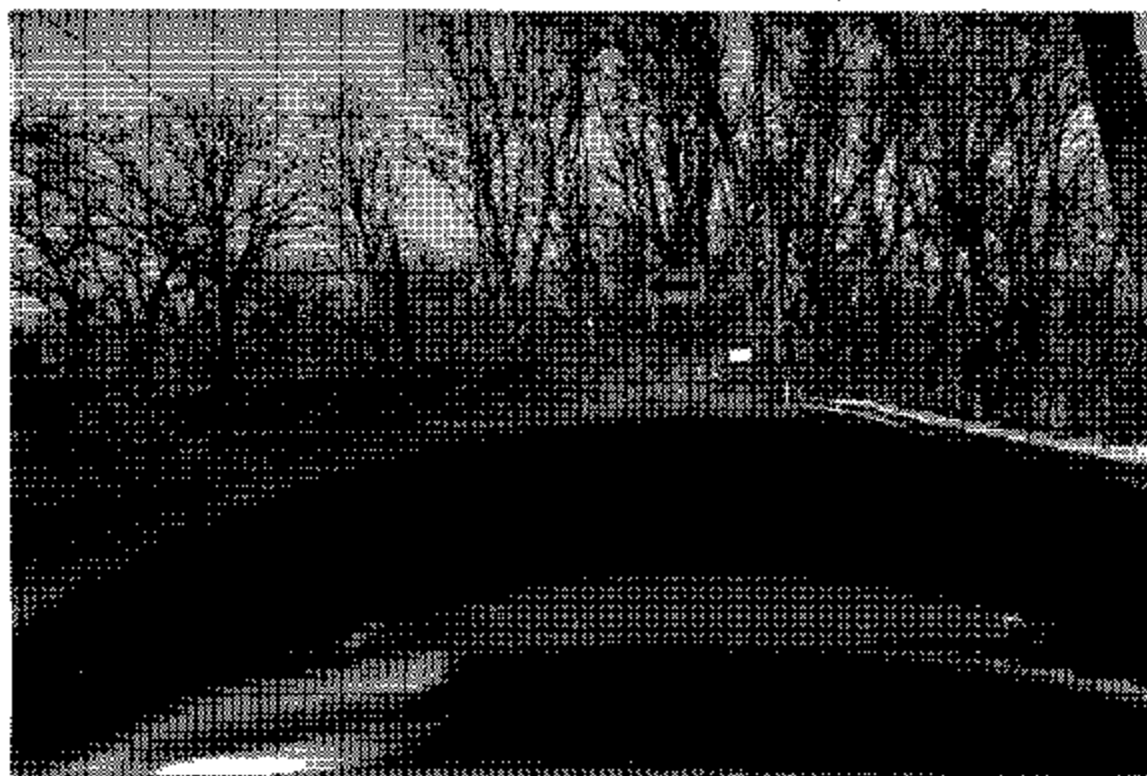
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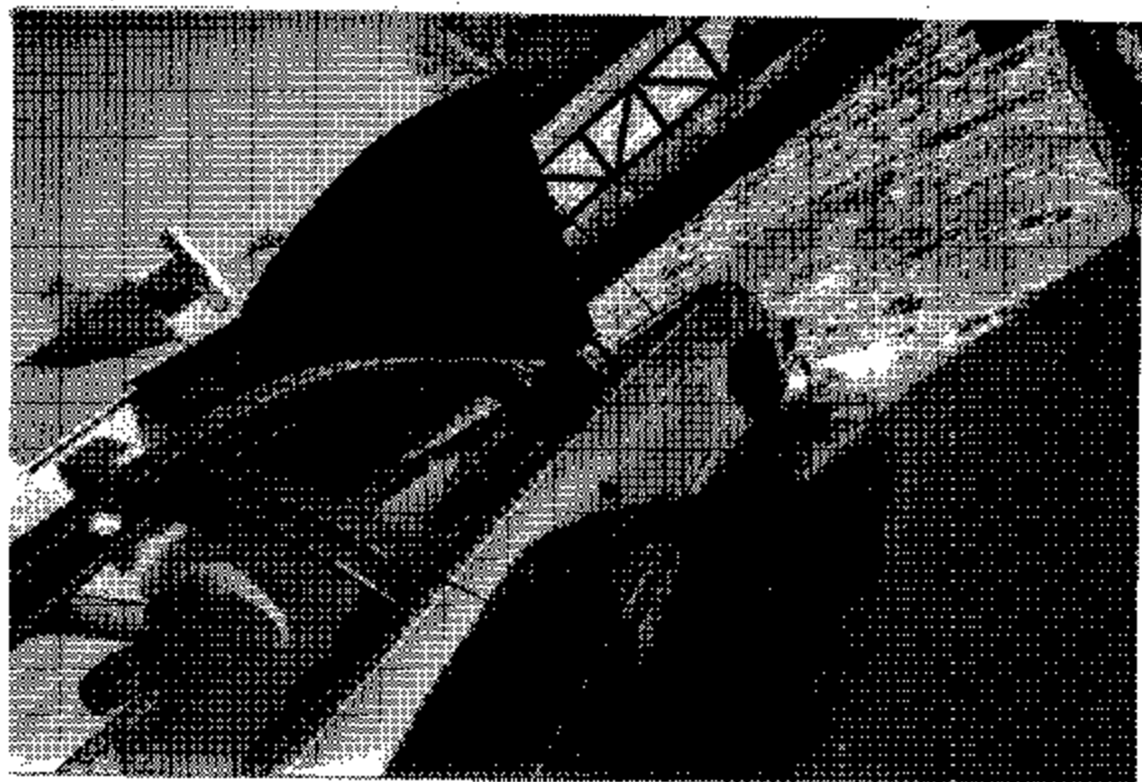
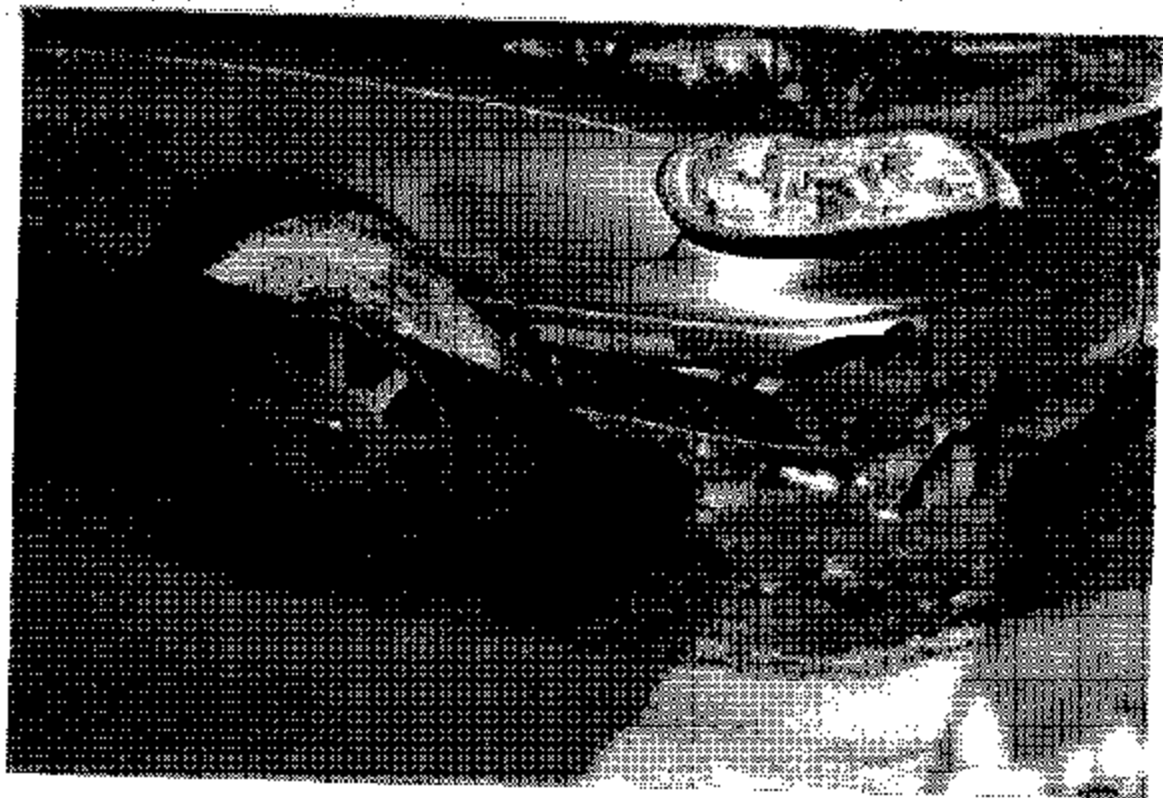
Deborah M. Donofrio
Deborah M. Donofrio
Allstate Insurance Company

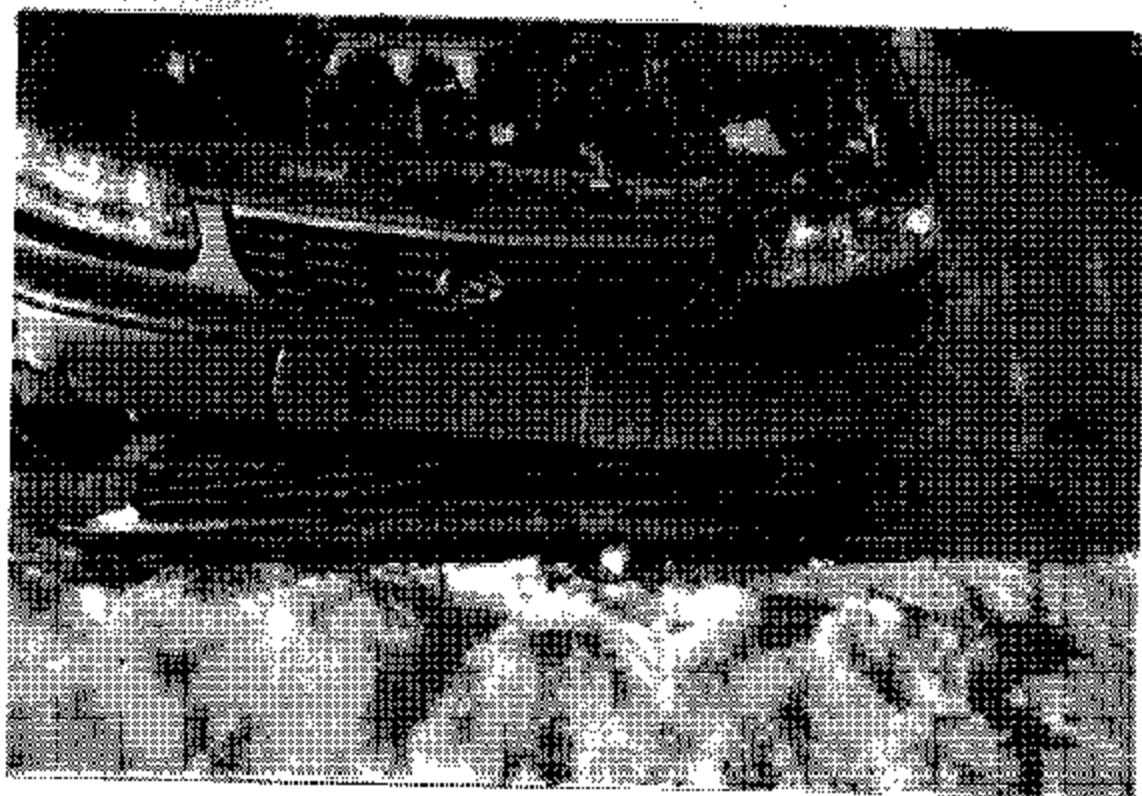
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**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**