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

2004 APR 20 AM 10:48

FOR AGENCY USE ONLY 100079	
Date Received 05-APR-2004	Repository ☐
	Reference No. 10065520

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City PASADENA | State CA | Zip Code [redacted]
Daytime Telephone Number [redacted] | E-mail Address
Evening Telephone Number [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on drivers side	Make	Model	Model Year
2G1wl0v9203135	CHEVROLET	LUMINA	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
Sept. 1998	ENTERPRISE SALES?RENTAL			No. Cylinders 6	Reg Gas
Original Owner ☒ NO	Dealer's City Los Angeles	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	010000 STEERING Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
05-APR-2004 9-20-2001	60106?	15 miles per hour.	Power steering.

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: DOTMALSABC036)	☐ 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). none
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).

THE CONSUMER RECEIVED A RECALL LETTER#03V527000, REGARDING THE STEERING GEAR BEARINGS. PRIOR TO RECEIVING THE RECALL LETTER CONSUMER FIXED THE VEHICLE. MANUFACTURER WONT HONORING THE EXPENSES WAS PAID TO FIX THE VEHICLE. *NM

Was on my way to work. Drove acroes Alpine Street to El Molino were I attempted to make a left hand tumn to proceed North on El Molino. Car would not complete turn and I had to pull over and park. Enclosed is the re-call notice and copies of the papers I sent by Certified mail March 4, 2004. After not hearing from them I called

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

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

and spoke to GM Lumina Division Customer Relationship manager, who told me that GM was not going to pay this claim File [redacted] I have not received anything in writing from General Motors. I feel like a 77 year old "David" going up against Goliatha.

I may be reached at (526) 792-4829. Could use this money owed me.

GM CUSTOMER RELATIONSHIP MANAGER JEFFREY MULLER PHONE 1-866-932-4368 EXT 39290.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 72172 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

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT

US Department of Transportation
National Highway Traffic Safety Administration
http://www.nhtsa.dot.gov/cars/rules

01/23/04 0209281

Central Office
Chevrolet Motor Division
General Motors Corporation
100 Renaissance Center, P.O. Box 100, Detroit, MI 48265-1000

CHEVROLET

C03062-S
February, 2004

Dear Chevrolet Customer:

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act. Federal regulation requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.

Reason For This Recall: General Motors has decided that a defect, which relates to motor vehicle safety, exists in certain 1997 and 1998 model year Chevrolet Lumina, Malibu, and Monte Carlo vehicles. Some of these vehicles have a condition where the lower pinion bearing in the power steering gear may separate. Most reports indicate the driver experienced an intermittent loss of power steering assist when making left turns, usually at low speeds. Power assist is normal in right hand turns. When trying to turn left, some drivers could experience higher resistance or, in a few cases, assist towards the right. If this happens while the vehicle is moving, a crash could result.

What Will Be Done: Your Chevrolet dealer will inspect the condition of the lower pinion bearing and replace the lower pinion bearing, or in a few cases, replace the rack and pinion steering gear assembly. This service will be performed for you at **no charge**.

How Long Will The Repair Take? This inspection and service correction will take approximately 2 to 2½ hours. However, due to service scheduling requirements, your dealer may need your vehicle for a longer period of time.

Contacting Your Dealer: To limit any possible inconvenience, we recommend that you contact your Chevrolet dealer as soon as possible to schedule an appointment for this repair. By scheduling an appointment, your dealer can ensure that the necessary parts will be available on your scheduled appointment date. Should your dealer be unable to schedule a service date within a reasonable time, you should contact the Chevrolet Customer Assistance Center at 1-800-630-2438. The deaf, hearing impaired, or speech impaired should call 1-800-833-2438 (utilizes Text Telephones, TTY).

If, after contacting the Chevrolet Customer Assistance Center, you are still not satisfied that we have done our best to remedy this condition without charg
may wish to write the Administrator, National Highway Traffi
Street, SW, Washington, DC 20590 or call 1-888-327-4236

General Motors
Product Recall Customer Reimbursement Claim Form

THIS SECTION TO BE COMPLETED BY CLAIMANT

Date Claim Submitted: FEBRUARY 18, 2004

Vehicle Identification Number (VIN): 2G1WL0V9203135

Mileage at Time of Repair: 60535 (60106) Date of Repair: Sept. 20, 2001

Claimant Name (please print): [redacted]

Street Address or PO Box Number: [redacted]

City: PASADENA, State: CALIFORNIA ZIP Code: [redacted]

Daytime Telephone Number (include Area Code): [redacted]

Evening Telephone Number (include Area Code): [redacted]

Amount of Reimbursement Requested: $ 1,019.58

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM

Original or clear copy of all receipts, invoices and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.
  (copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this recall.

Claimant's Signature: _____

Please mail this claim form and the required documents to:

General Motors Corporation
P.O. Box 33170
Detroit, MI 48232-5170

All recall reimbursement questions should be directed to the following number:
1-800-204-0261

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).