



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 100145

Date Received

2004 JUN - 4
03-MAY-2004

Repository

Reference No.
10072004

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: EFFORT State: PA Zip Code: [Redacted]

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 authorized signature, provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 5/19/04

VEHICLE INFORMATION

17 Digit Vehicle Identification Number (located at bottom of windshield on driver's side): 1G1ZT5486 [Redacted]
Make: CHEVROLET Model: MALIBU Model Year: 2004
Date Purchased: Nov 2004 Dealer's Name and Telephone Number: Cobay Chevrolet 570-577-5300
Original Owner: Dealer's City: Strampsburg State: PA Zip Code: 10360 Engine: 6 No. Cylinders: 6 Fuel Type: [Redacted]
Transmission Type: [Redacted] Antilock Brakes Powertrain: [Redacted] Cruise Control
Vehicle Component Code: 016100 STEERING:HYDRAULIC POWER ASSIST:PUMP
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 02-MAY-2004 Failure Mileage: 8653 Failure Speed: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM19ABC098): [Redacted] Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

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(es).
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 POWER STEERING FAILED. CONSUMER EXPLAINED THAT STEERING BECAME EXTREMELY DIFFICULT. *AK
Power steering is Electrical No Power Steering Pump Component Had to be replaced in steering column.
Repair cost over \$1000.00 billed to G.M.

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.