



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 100184

Date Received

2004 JUL -6
14-JUN-2004

Repository ☐

Reference No.
10076214

OWNER INFORMATION (Type or Print)

Name

Address

City

SOUTH BEND

State

IN

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO

In the absence of a signature, I provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 06/24/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G1ND52J1Y

Make

CHEVROLET

Model

MALIBU

Model Year

2000

Date Purchased

12/17/02

Dealer's Name and Telephone Number

GATES CHEVROLET (574) 237-4000

Engine:

No. Cylinders

V6

Fuel Type:

REG/UL

Original Owner

☐

Dealer's City

SOUTH BEND

State

IN

Zip Code

46601

Transmission Type

Auto

☒ Antilock Brakes

☐ Cruise Control

Powertrain

FRONT/WD

Vehicle Component Code

127000 EXTERIOR LIGHTING:HAZARD FLASHING WARNING LIGHTS

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

17-MAY-2004

Failure Mileage

51000

Failure Speed

TURN SIGNAL/FLASHER THERMAL SWITCH

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: DOTM19ABC038)

☐ 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).

CONSUMER RECEIVED RECALL 03V327000 CONCERNING HAZARD FLASHING WARNING LIGHT. INTERMITTENTLY THE HAZARD FLASHING WARNING LIGHT AND TURN SIGNAL DO NOT WORK. CONSUMER'S VEHICLE WAS NOT PART OF THE RECALL CAMPAIGN DUE TO VIN. *AK

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.

**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).**