



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-NHTSA-2-DO
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received

2004 JUL 15 PM 7:11
15 JUN 2004

Repository ☐

Reference No.
10078372

OWNER INFORMATION (Type or Print)

Name

Address

City

WEST DES MOINES

State

IA

Zip Code

Daytime Telephone Number

E-mail Address

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

Date 6/28/04

VEHICLE INFORMATION

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

1G1NE52J0Y

Make
CHEVROLET

Model
MALIBU

Model Year
2000

Date Purchased

September 1999

Dealer's Name and Telephone Number

Bob Brown Chevrolet Inc. (515) 278-7844

Engine:

No. Cylinders

Fuel Type:

Gas

Original Owner

☒

Dealer's City

Des Moines, IA

State

IA

Zip Code

50310

Transmission Type

AUTOMATIC

☐ Antilock Brakes

☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

128100 EXTERIOR LIGHTING:TURN SIGNAL:FLASHER UNIT

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

16-JUN-2004

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P216/65R15)

DOT No. (Example: DOTM19ABC036)

☐ 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

Number of Deaths

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).

TURN SIGNAL AND HAZARD WARNING LIGHT WERE NOT WORKING. NHTSA RECALL 03V327000 WAS ISSUED ON THIS PROBLEM. HOWEVER, THIS VEHICLE WAS NOT INCLUDED IN THE RECALL 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).**