

 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		EDR AGENCY USE ONLY... 100079 Date Received: 06/28/04 Repository: <input type="checkbox"/>	
OWNER INFORMATION (Type or Print) Name: [REDACTED] Address: [REDACTED] ST LOUIS, MO City: SAINT LOUIS State: MO Zip Code: [REDACTED]		Daytime Telephone Number: [REDACTED] Evening Telephone Number: 314- [REDACTED]		Reproduct No. 10080255 E-mail Address: [REDACTED]	
Do you authorize NHTSA to contact the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES In the absence of a signature, you are authorizing NHTSA to contact the manufacturer. Date: 7/15/04		Signature of Owner: [REDACTED]			
VEHICLE INFORMATION					
17 digit vehicle identification number located at bottom of windshield on driver's side: 1G1ZT6489- [REDACTED]		Make: CHEVROLET		Model: MALIBU	Model Year: 2004
Date Purchased: [REDACTED]		Dealer's Name and Telephone Number: [REDACTED]		Engine: No. Cylinders: 6	Fuel Type: Gas
Original Owner: <input checked="" type="checkbox"/>		Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]			
Transmission Type: AUTOMATIC		<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control		Powertrain: FRONT WHEEL DRIVE Vehicle Component Code: 036100 SERVICE BRAKES, HYDRAULIC; ANTILOCK CONTROL UNIT/M	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s): 28-JUN-2004		Failure Mileage: 5500	Failure Speed: 20-25		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make: [REDACTED]		Tire Model (Name or Number): [REDACTED]		Tire Size (Example P225/65R15): [REDACTED]	
DOT No. (Example: DOTM19A9C036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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					
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured: [REDACTED]	Number of Deaths: [REDACTED]
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. Le. parts repaired or replaced (and if old part is available). ACTING ON RCVD.					
THE VEHICLE ABS CONTROL MODULE FAILED PRIOR TO THE CONSUMER RECEIVING THE NOTICE ON JUNE 21 (NHTSA #04V190000). THE FAILURE RESULTED IN AN ACCIDENT ON JUNE 28, 2004 WHILE DRIVING BETWEEN 20 TO 25 MPH. THE CONSUMER APPLIED THE BRAKE BUT THE ABS DID NOT ACTIVATE. AS A RESULT THE DRIVER HIT THE BACK OF THE VEHICLE ON FRONT OF HIM. *NM					
ESTIMATED REPAIR COST to '04 MALIBU - \$7100.-					
Include, if available, Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY					
The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.					