

 <p>DOT: Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 1369</p> <p>Date Received: 2004 OCT 15 AM 11:46 31-AUG-2004</p> <p>Repository <input type="checkbox"/> Reference No.: 10090128</p>
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OWNER INFORMATION (Type or Print)			
Name	Daytime Telephone Number	E-mail Address	
Address			
City: JERSEY SHORE	State: PA	Zip Code	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, NHTSA will NOT provide your name or address to the vehicle manufacturer.
 Signature of Owner: _____ Date: 09/21/2004

VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G1ZT52804	Make CHEVROLET	Model MALIBU	Model Year 2004
Date Purchased: 03/2004	Dealer's Name and Telephone Number		Engine No: Cylinders
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input checked="" type="checkbox"/> Anti-lock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 012200 STEERING: COLUMN LOCKING: ANTI-THEFT DEVICE
Multiple Failure: _____			

FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 08-AUG-2004	Failure Mileage 7332	Failure Speed 10	POWER STEERING UNIT FAILED

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE		
Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R16)
DOT No. (Example: DOTM3ABC096)	<input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 parts are available).

~~PLEASE PRINT OR TYPE CLEARLY AND LEGIBLY. DO NOT WRITE OVER PREVIOUS ENTRIES. DO NOT WRITE IN THE SPACES BETWEEN LINES.~~

TURNING INTO DRIVEWAY AT 10 MPH THE POWER STEERING UNIT FAILED CAUSING LOSS OF STEERING CONTROL. DEALER WAS CONTACTED THE FOLLOWING OCCURRED:

1. DEALER TOLD ME A SERVICE BULLETIN WAS ISSUED BY GM TO REPLACE ELECTRIC POWER STEERING UNITS AS THEY FAIL. I WAS TOLD NOT TO DRIVE THE VEHICLE THAT IT HAD TO BE TOWED.
2. THE DEALER COMPLETED THE REPAIR AND RETURNED THE VEHICLE IN WORKING ORDER.
3. THE VEHICLE HAS BEEN WORKING PROPERLY AFTER THE UNIT WAS REPLACED.

THE SERVICE ORDER HAS NOT BEEN RECEIVED FROM THE DEALER TO DATE.

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.