



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 1268

Date Received

22-SEP-2004

Repository

Reference No. 12: 15
10094077

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CHICAGO State IL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [REDACTED] Date Rec'd 9/22/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G1ZU64874F [REDACTED] Make CHEVROLET Model MALIBU LT MAXX Model Year 2004
Date Purchased [REDACTED] Dealer's Name and Telephone Number GATEWAY CHEVROLET Engine: No. Cylinders V6 Fuel Type: REGULAR
Original Owner Dealer's City CHICAGO IL State IL Zip Code [REDACTED]
Transmission Type Antilock Brakes Powertrain Vehicle Component Code 015000 STEERING:HYDRAULIC POWER ASSIST SYSTEM
 Cruise Control Multiple Failure: 1 STEERING SYSTEM

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 08-SEP-2004 Failure Mileage 4000 Failure Speed 20 MPH

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/B5R15) [REDACTED]
DOT No. (Example: DOTM1A9ABC038) 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(ies).)

Crash Yes No Fire Yes No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] 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).

WHILE DRIVING CONSUMER LOST POWER STEERING. CONSUMER PULLED OVER AND RESTARTED THE VEHICLE. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK

NOTE: POWER STEERING IS ELECTRIC NOT HYDRAULIC ON THIS CAR

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

WHEN DRIVING STEERING WENT OUT COULD NOT TURN OR STEER CAR.
SPEED ABOUT 20 MPH AT THAT TIME. STEERING IS ELECTRIC ON (POWER)
THIS CAR NOT POWERED BY BELT
THIS SITUATION IS DANGEROUS BECAUSE I HAD NO CONTROL OF CAR.
IF ANOTHER CAR OR PERSON WAS NEAR IN THE WAY.
DEALER FIX THE PROBLEM AS OF NOW. BUT WHY THIS HAPPEN
ON A NEW CAR.
COPY OF REPAIR ENCLOSED.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

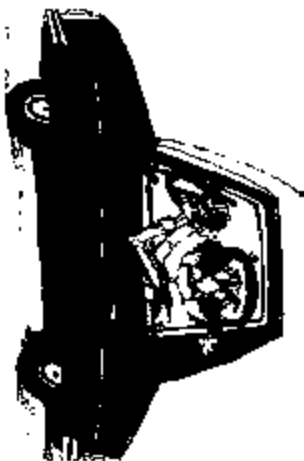



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NECESSARY
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IN THE
UNITED STATES

BUSINESS REPLY MAIL
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POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590




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TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR
DASH2DOT
and dial toll free at

DOT AUTO SAFETY HOTLINE


**VEHICLE
OWNER'S
QUESTIONNAIRE**

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).