



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 1367

Date Received

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Repository

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10094803

**OWNER INFORMATION (Type or Print)**

Name [Redacted]  
Address [Redacted]  
City EAU CLAIRE State WI Zip Code [Redacted]

Daytime Telephone Number [Redacted]

E-mail Address

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 1/1/04

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GNE52M4WY [Redacted]  
Make CHEVROLET Model MALIBU Model Year 1998  
Date Purchased 4-16-01 Dealer's Name and Telephone Number Nels Gunderson Chevrolet 715 597-3150 Engine: No. Cylinders 6 Fuel Type: Gas  
Original Owner  Dealer's City Oshkosh State WI Zip Code 54901  
Transmission Type Automatic  Antilock Brakes  Cruise Control Powertrain Vehicle Component Code 185000 VEHICLE SPEED CONTROL:CRUISE CONTROL Multiple Failure: 2

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 30-SEP-2004 Failure Mileage 117000 Failure Speed

**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: 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).

UPON SETTING UP CRUISE CONTROL IT FAILED TO SET, AND THE AIR BAG WARNING LIGHT CAME ON. DEALERSHIP INDICATED THAT THIS WAS DUE TO A FAILURE IN THE AIR BAG WARNING HARNESS CONNECTION. THESE PARTS WERE CURRENTLY ON BACK ORDER. \*AK

AT FIRST I WAS INFORMED THESE PARTS WERE UNAVAILABLE FROM CHEVROLET TO THE DEALER TO FIX MY CAR. THEN AFTER A WEEK OF HAVING MY CAR THEY FOUND IT TO BE A DIFFERENT PART THAT CHEVROLET HAD SHIPPED THEM.

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.