



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 100145

Date Received

Repository ☐

Reference No.
10096797

OWNER INFORMATION (Type or Print)

Name

Address

City

SHELBY

State

MI

Zip Code

Daytime Telephone Number

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

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

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

1G1NE52J3Y6

Make

CHEVROLET

Model

MALIBU

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

☒

Dealer's City

State

Zip Code

Transmission Type

☒ Antilock Brakes

Powertrain

Vehicle Component Code

127200 EXTERIOR LIGHTING: HAZARD FLASHING WARNING LIGHTS:

AUTOMATIC

☒ Cruise Control

Multiple Failure: 4

VEHICLE COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

01-OCT-2004

Failure Mileage

100000

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

0

Number of Deaths

0

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).

THE CONSUMER STATED THE TURN SIGNALS FAILED INTERMITTENTLY. A RECALL WAS ISSUED, HOWEVER THE VEHICLE IDENTIFICATION NUMBER WAS OUTSIDE OF THE REMEDY SCOPE. PLEASE PROVIDE ADDITIONAL INFORMATION. *JB

01-OCT-2004

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Include, if available: Police/Fire Department Report, Photos and Repair Invoices

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).