



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 100192

Date Received 2004 OCT 22
12-NOV-2004
Repository
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OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City HATBORO State PA Zip Code [Redacted]
Daytime Telephone Number [Redacted]
Evening Telephone Number [Redacted]
E-mail Address [Redacted]
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an answer, your name or address to the vehicle manufacturer. YES NO
Signature of Owner [Redacted] Date 11/22/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G1ZT94R14F [Redacted]
Make CHEVROLET Model MALIBU MAXX Model Year 2004
Date Purchased 8/10/04 Dealer's Name and Telephone Number Lafferty Chevrolet
Engine: 3.5L Fuel Type: Gas
No. Cylinders 6
Original Owner Dealer's City Warminster State PA Zip Code 18974
Transmission Type AUTOMATIC Antilock Brakes Cruise Control
Powertrain FRONT WHEEL DRIVE
Vehicle Component Code D15000 STEERING:HYDRAULIC POWER ASSIST SYSTEM
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 10-NOV-2004 Failure Mileage 3700 Failure Speed [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/85R15)
DOT No. (Example: DOTMAL8ABC036) 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: Crash(es), and injury(es) - if any.)

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(es).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
ie, parts repaired or replaced (and if old part is available).

WHILE DRIVING, VEHICLE LOST POWER STEERING. CONSUMER TOOK THE VEHICLE BACK TO THE DEALER, AND WAS TOLD THAT THE PARTS WERE ON BACK ORDER, AND THERE WAS NO DATE AS TO WHEN THE PARTS WOULD BE MADE AVAILABLE. *AK

Vehicle lost power steering while driving, thus making it extremely difficult to properly steer the vehicle. Luckily there was not many vehicles on the road, and I was able (with much difficulty) to get the car onto the shoulder of the roadway.

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.