



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 241

Date Received 13-DEC-2004	Repository <input type="checkbox"/> Reference No. 10103675
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OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address			Evening Telephone Number	
City FREDONIA	State NY	Zip Code		
Do you authorize NHTSA to use your name and address to report to the manufacturer of your vehicle? In the absence of your name or address to the vehicle manufacturer.			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Signature of Owner			Date 12/20/2004	

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G1ZT64894F		Make CHEVROLET	Model MALIBU	Model Year 2004
Date Purchased 28-NOV-04	Dealer's Name and Telephone Number Basil Chevrolet		Engine: No: Cylinders 6	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City Fredonia	State NY	Zip Code 14063	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 012000 STEERING: COLUMN Multiple Failure: 3	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 28-NOV-2004	Failure Mileage 11400	Failure Speed 65
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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)	<input 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 0	Number of Deaths 0	Reported to Police N
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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 AT HIGH SPEED OF 65-70 MPH VEHICLE MOMENTARILY LOST POWER STEERING. VEHICLE WAS TAKEN TO THE DEALER, WHO FOUND THAT THE STEERING COLUMN ASSEMBLY NEEDED TO BE REPLACED.*AK

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.