



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 1220

Date Received

10-JAN-2005

Repository

Reference No.
10107078

46

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: ORLANDO State: FL Zip Code: [Redacted]

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 a signature, NHTSA will not provide an address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 1/19/05

VEHICLE INFORMATION

*1 - 16 digit Vehicle Identification Number located at bottom of windshield on driver's side
1G1ZS62F84 [Redacted] Make: CHEVROLET Model: MALIBU Model Year: 2004
Date Purchased: 7.23.04 (handwritten) Dealer's Name and Telephone Number: Chrysler Chev.
Original Owner: Dealer's City: Altamonte Springs State: FL Zip Code: [Redacted]
Engine: No. Cylinders: 4 Fuel Type: [Redacted]
Transmission Type: [Redacted] Antilock Brakes Powertrain: [Redacted] Vehicle Component Code: D60000 ENGINE AND ENGINE COOLING
 Cruise Control Multiple Failure: 6

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 08-AUG-2004 Failure Mileage: 2700 Failure Speed: [Redacted]
at time *5 mph* *Would not start 1st time 5 times stalling when driving*

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R16): [Redacted]
DOT No. (Example: DOTMALBABC036): [Redacted] 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: 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).

WHILE DRIVING VEHICLE WILL JUST STALL. HOWEVER, THE VERY FIRST TIME THE VEHICLE WOULD NOT START. CONSUMER HAD THE VEHICLE TOWED. THE VEHICLE HAS DONE THIS A TOTAL OF 5 TIMES. CONSUMER HAS TAKEN THE VEHICLE IN SEVERAL TIMES. DEALER HAD THE VEHICLE ELEVEN DAYS, AND THEY COULD NOT FIND ANYTHING WRONG WITH IT. *AK

The car stalled while driving, and was towed to the Chev. dealer.

Antenna

Injury, 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.