



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 100222

Date Received

Repository

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Reference No.
T0115353

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City BRENTWOOD State CA 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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 2/28/05

VEHICLE INFORMATION

17 digit vehicle identification number located in block of window on driver's side
1G1ZT52894F [REDACTED] Make CHEVROLET Model MALIBU Model Year 2004
Date Purchased 04-29-04 Dealer's Name and Telephone Number MARTIN CHEVROLET 310 991-5739 Engine: No. Cylinders Fuel Type: Gas
Original Owner Dealer's City TORRANCE State CA Zip Code 90505
Transmission Type Automatic Powertrain FRONT WHEEL DRIVE Vehicle Component Code 141000 AIR BAGS:FRONTAL
 Antilock Brakes Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 28-FEB-2005 Failure Mileage 7100 Failure Speed 25

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/B5R15) [REDACTED]
DOT No. (Example: DOTMALSABC036) 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 1 Number of Deaths 0 Reported to Police Y

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).

CONSUMER'S VEHICLE WAS INVOLVED IN A COLLISION, WHERE IT STRUCK ANOTHER VEHICLE AT 25 MPH DEAD CENTER, AND THE AIR BAGS DID NOT DEPLOY. CONSUMERS SUSTAINED NECK AND BAG INJURIES. *AK VEHICLE TOTALLED.

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 Administration 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.