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 100248

Date Received	Repository ☐
04-APR-2005	Reference No. 10117330

MAY 13 AM 7:51

OWNER INFORMATION (Type or Print)

Name [redacted]			Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]			Evening Telephone Number some	
City SHEFFIELD	State AL	Zip Code [redacted]		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO own
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 05/02/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2G1WF52E139[redacted]	CHEVROLET	IMPALA	2003

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
√ 05-16-03	Nelda Stephenson 256-764-4551		No: Cylinders 6	Gas
Original Owner ☒	Dealer's City Florence, AL	State AL / Zip Code 35630		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	121300 EXTERIOR LIGHTING:HEADLIGHTS:HIGH/LOW BEAM DIMMEI
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-FEB-2005	35-38K last failure	65MPH	several malfunctions were noticed between first malfunction & visit to dealer for repair

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

HEADLIGHTS WOULD TURN ~~ON AND~~ OFF ~~INTERMITTENTLY~~ WHEN THE DIMMER SWITCH WOULD BE TURNED TO INCREASE OR DECREASE THE DIMNESS ON THE VEHICLE. CONSUMER WILL TAKE TO DEALER FOR REPAIR.*AK

Headlights would come back on by jiggling dimmer lever arm. Malfunctions occured twice right before taking to dealer on 03-19-05 for repair.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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).