Form Approved O.M.B. No. 2127-0006

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 100148

Date Received	Repository
2005 DEC 27 PM 2:47	☐
06-OCT-2005	Reference No. 10138781

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City HARTWELL State GA Zip Code [redacted]		

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 11/11/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number-Located at bottom of windshield on driver's side	Make	Model	Model Year
1G1ND52J0Y[redacted]	CHEVROLET	MALIBU	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-NOV-01	SOUTHERN MOTOR VEHICLE LLC 706-376-8668			No. Cylinders 6	Gas
Original Owner ☐	Dealer's City HARTWELL	State GA	Zip Code 30643		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	UNKNOWN	126000 EXTERIOR LIGHTING:TURN SIGNAL Multiple Failure: 70

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-AUG-2005	58600		

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: DOTMALSABC036)	☐ 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			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).

DT: THE TURN SIGNALS QUIT WITHOUT WARNING. THIS HAS BEEN GOING ON FOR ABOUT TWO MONTHS . THE CONSUMER ATTEMPTED TO USE THE TURN SIGNALS AND WAS ALMOST STRUCK FROM BEHIND WHEN SHE REALIZED THE TURN SIGNALS WERE NOT WORKING. THE VEHICLE WAS HAS NOT BEEN TO A DEALER YET. THE TURN SIGNALS COME AND GO OFF, SOMETIMES THEY WORK AND SOMETIMES THEY DO NOT WORK. THE VEHICLE HAS BEEN TO AN INDEPENDENT SERVICE SHOP, WHO COULD NOT FIND ANYTHING WRONG. NO EXPLANATION GIVEN AS TO WHAT THE PROBLEM WAS. THIS STILL REMAINED A PROBLEM. NO REPAIRS OR CORRECTIONS HAVE BEEN MADE. *AK

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).