Form Approved: O.M.B. No. 2127-0008

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: 2006 DEC 27 PM 2:47
19-OCT-2005

Repository ☐

Reference No.: 10140279

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City ROCHESTER | State NY | Zip Code [redacted]
Daytime Telephone Number [redacted] | E-mail Address [redacted]
Evening Telephone Number [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 [redacted] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 12.18.06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2G1WL52M9Y9[redacted]	CHEVROLET	LUMINA	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
11-JAN-97	HOSELTON CHEVROLET 585-586-7373			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City FAIRPORT	State NY	Zip Code 14454		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	162700 STRUCTURE:BODY:TRUNK LID Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
19-OCT-2005	80000		TRUNK LID SPRING MECHANISM NOT INSURED PROPERLY

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: DOTMAL9ABC038)	☐ 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 identify a specific incident(s). Fatal(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	1		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 TRUNK FELL ON THE CONSUMER'S HEAD THREE DIFFERENT TIMES. HAD BRAIN SURGERY AND THIS WAS NOT GOOD. ALSO, THE MUFFLER SYSTEM ARE STAINLESS STEEL, BUT CLAMPS ARE NOT STAINLESS STEEL. *AK

3 DATES OF INJURY - CLAIMS TO NATIONWIDE AUTO INSURANCE
12/11/99
12/5/00
10/19/05

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

DUE TO WHICH SUBSTANCES AT THREE DIFFERENT TIMES 12/11/99, 12/5/00, 10/29/05 TRUCK LID CLOSED DOWN ON TOP OF MY HEAD CAUSING HEAD/NECK PAIN. THIS RESULTED IN 3 CLAIMS FOR INJURY TO MY HEAD INSURANCE COMPANY - NATIONWIDE. HAD MAJOR BRAIN SURGERY IN 1997 AND THESE THREE INCIDENTS HAVE FURTHER DETERIORATED MY HEALTH AND HAVE DRIVEN UP MY AUTO INSURANCE RATES. FILED A COMPLAINT WITH CHRYSLER CUSTOMER ASSISTANCE BUT THEY SAID THERE WERE NO RECALLS. A FRIEND OF MINE IN AN EFFORT TO HELP ME COME UP WITH A SOLUTION TO THE PROBLEM DISCOVERED THAT THE TRUCK SPRING MECHANISM WAS DEFECTIVE (NOT ALIGNED PROPERLY) AND GAVE IT FREE OF CHARGE FOR ME. THERE IS ALWAYS NOTICABLE DIFFERENCE IN THE WAY THE TRUCK LID FUNCTIONS NOW COMPARED TO THE WAY IT DID BEFORE IT WAS ALIGNED PROPERLY AGAIN.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

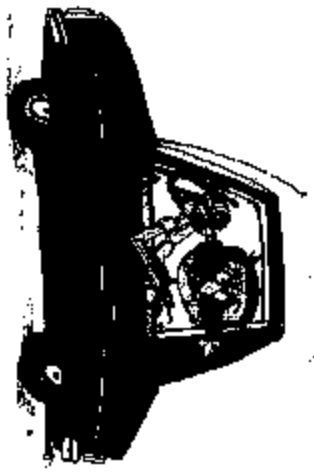
Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 79173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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(DASH) 2 DOT

and dial toll free at

DASH2DOT

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
APPLICATION FOR MOTOR VEHICLE NO-FAULT BENEFITS

NAME AND ADDRESS OF INSURER*	NAME, ADDRESS AND PHONE NUMBER OF INSURER'S CLAIMS REPRESENTATIVE*
NATIONWIDE MUTUAL INSURANCE COMPANY 110 Elwood Davis Road N. SYRACUSE, NY 13212-0909 *	MELANIE NASH 110 Elwood Davis Road N. SYRACUSE, NY 13212-0909 * 1-(800)992-6358 Ext. 3582

DATE	POLICYHOLDER	POLICY NUMBER	DATE OF ACCIDENT	CLAIM NUMBER
October 20, 2005	[redacted]	[redacted]	10-19-2005	[redacted]

TO ENABLE US TO DETERMINE IF YOU ARE ENTITLED TO BENEFITS UNDER THE NEW YORK NO-FAULT LAW, PLEASE COMPLETE THIS FORM AND RETURN IT PROMPTLY.

IMPORTANT: 1. TO BE ELIGIBLE FOR BENEFITS YOU MUST COMPLETE AND SIGN THIS APPLICATION.
2. YOU MUST SIGN ANY ATTACHED AUTHORIZATION(S).
3. RETURN PROMPTLY WITH COPIES OF ANY BILLS YOU HAVE RECEIVED TO DATE.

NAME AND ADDRESS OF APPLICANT*
[redacted]
Rochester, NY [redacted]

1. YOUR NAME: [redacted]

2. PHONE NOS. HOME: [redacted]

3. YOUR ADDRESS (NO., STREET, CITY OR TOWN AND ZIP CODE): [redacted]
ROCHESTER NY [redacted]

4. DATE OF BIRTH: [redacted]

5. SOCIAL SECURITY NO.:

6. DATE AND TIME OF ACCIDENT: 2:17 A.M. (P.M.)

7. PLACE OF ACCIDENT (STREET), CITY OR TOWN AND STATE: Ridgemont Plaza Parking Lot West Ridge Road Rochester NY 14626

8. BRIEF DESCRIPTION OF ACCIDENT: was putting objects into trunk of car, gust of wind (30-40 MPH) blew trunk lid down hitting me on the head full force

9. DESCRIBE YOUR INJURY: Head, neck - due to full force trauma

10. IDENTITY OF VEHICLE YOU OCCUPIED OR OPERATED AT THE TIME OF THE ACCIDENT:

OWNER'S NAME	MAKE	YEAR
[redacted]	Chevrolet Lumina	1997

THIS VEHICLE WAS: ☐ A BUS OR SCHOOL BUS, ☐ OR A MOTORCYCLE ☐ A TRUCK, ☑ AN AUTOMOBILE,

11.	YES	NO
WERE YOU THE DRIVER OF THE MOTOR VEHICLE?	✓	
WERE YOU A PASSENGER IN THE MOTOR VEHICLE?		✓
WERE YOU A PEDESTRIAN?		✓
WERE YOU A MEMBER OF OUR POLICYHOLDER'S HOUSEHOLD?	✓	
DO YOU OR A RELATIVE WITH WHOM YOU RESIDE OWN A MOTOR VEHICLE?	✓	

CONTINUATION ON NEXT PAGE

10/19/05
NOTE: - Filed Complaint with Chevrolet Customer Service about incident
Spoke with Alice [illegible] - 8:07PM Tele [redacted]
Filed Complaint with NHTSA
Spoke with Melissa - 8:26 PM - filed complaint will send out
Paperwork for me to fill out

CHEVROLET

Customer Assistance Center

Chevrolet Division
General Motors Corporation
P.O. Box 33170
Detroit, MI 48232-5170

October 20, 2005

[redacted]

Rochester, NY [redacted]

Service Request: [redacted]
Customer Relationship Manager: Alice Desautel

Dear [redacted]

We are sorry you have experienced concerns with your 1997 Chevrolet Lumina. Customer satisfaction is a top priority for us at Chevrolet.

Because you are a loyal Chevrolet customer, we are providing you with one complimentary lube, oil, and filter service. This offer will cover the cost of an oil change for the oil type (conventional or synthetic) equipped in your vehicle from the factory. If your vehicle came equipped with conventional oil and you elect to have synthetic oil, then you will be responsible for the difference in price. Present this letter to any Chevrolet dealership for redemption.

If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Managers will be happy to assist you.

Sincerely,

General Motors Corporation

ATTENTION: DEALERSHIP SERVICE MANAGER
Complimentary lube, oil, and filter service

Submit the claim for the reasonable/customary price using labor operation number Z7410, failure code 98, authorization code "G" and insert the amount in the net item column. This original letter should be retained in the customer's file.