



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
2005 DEC -7 PM 6:01
09-NOV-2005

Repository
Reference No.
10142285

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City WHITESBURG State GA 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 11/28/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G1NF52 [REDACTED] Make CHEVROLET 1999 Model MALIBU Model Year 1999
Date Purchased 05-OCT-03 Dealer's Name and Telephone Number JOHN THORTON CHEVROLET 770-941-8560 Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner Dealer's City LITHIA SPRINGS State GA Zip Code 30122
Transmission Type AUTOMATIC Antilock Brakes Powertrain FRONT WHEEL DRIVE
Vehicle Component Code 034530 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 08-JAN-2004 Failure Mileage Failure Speed FAILURE OF BRAKES ONLY
8/28/03, failed 2004-2005

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/B5R15)
DOT No. (Example: DOTMALBABC038) 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), Federal, Crash(es), and Injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured _____ Number of Deaths _____ 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).

DT: THE CONTACT STATED THAT FOUR MONTHS AFTER PURCHASING THE VEHICLE WITH 7,000 MILES ON IT THE BRAKES FAILED. WHEN STOPPING IT FELT AS THOUGH THE BRAKES WERE HITTING ON ONE SIDE. THE VEHICLE WAS TAKEN TO THE DEALERSHIP, AND THEY REPLACED THE ROTORS. APPROXIMATELY NINE MONTHS LATER THE PROBLEM RECURRED. THE VEHICLE WAS TAKEN TO THE DEALERSHIP, AND THE ROTORS WERE REPLACED A SECOND TIME. *AK
Yes [REDACTED]

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 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.

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

I did not ~~not~~ have a CRASH. I got the brakes fixed to keep from crashing into some one. I never had brakes to fail on any vehicle I have driven in 60 years



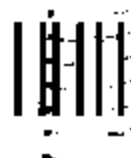
ATTACH ADDITIONAL SHEETS IF NECESSARY

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 73173 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-218
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

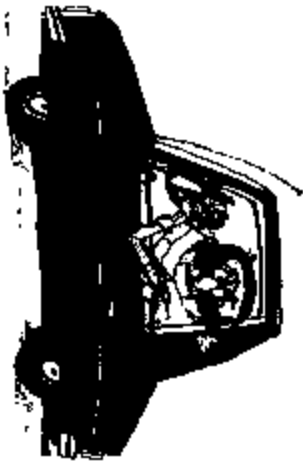
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

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