



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 27
21-NOV-2005

Repository ☐

Reference No.
10143339

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City SOUTHEAST HUNTSVILLE

State AL

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number

NA

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 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2G1WX15K019 [REDACTED]

Make

CHEVROLET

Model

MONTE CARLO

Model Year

2001

Date Purchased
01-NOV-00

Dealer's Name and Telephone Number

Smith Chevrolet

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

☒

Dealer's City

Albertville

State

AL

Zip Code

35950

Transmission Type

AUTOMATIC

☒

Antilock Brakes

☒

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

121000 EXTERIOR LIGHTING:HEADLIGHTS

Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
10-NOV-2005

Failure Mileage
~~40000~~
48000

Failure Speed
DON'T
MATTER

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: DOTM19ABC036)

☐ 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

☐ 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 THE AUTOMATIC HEADLIGHTS WILL SHUT OFF WHILE DRIVING. WHEN HE MANUALLY TURNING ON THE HEADLIGHTS THEY WILL STAY ON. THE VEHICLE HAS NOT BEEN INSPECTED TO DETERMINE THE CAUSE OF THE PROBLEM. HE BELIEVED IT MAY HAVE BEEN A PROBLEM IN THE ELECTRICAL SYSTEM RELAY FOR THE HEADLIGHTS. *AK

REPORT TO DEALER 11-22-05

REPORT TO DEALER 11-28-05

THIS IS A SAFETY CONCERN

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 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.

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).