



NHTSA #: ES05-009303	Rec'd Date: 12/2/2005	Referred By: NEC-110
XREF #:	Doc Type: CNG	Doc Date: 11/11/2005
Delivery: HND	Address To:	Due Date: 12/14/2005
S10 #:	DOT/I #:	RMP #:
Subject: LTR FM [REDACTED] RE DEFECTIVE 1984 CHEVROLET CITATION, REQUESTING A DEFECT INVESTIGATION, REPLY ATTN. JOSEPH BACIGALUPI/SAN FRANCISCO OFC		
Ack Date:	Ack By:	Signed For:
Sign Office: EXTERNAL AFFAIRS	Signature: HARRINGTON	
Cleared Date:	Cleared By:	Cleared For:
File Loc:	XREF File:	Closed Date:
Added By: NMOODY x62544	Modified By: LOGLESBY	
Most Recent Comment:		

Author:

10145337

The Honorable DIANNE FEINSTEIN
UNITED STATES SENATE

WASHINGTON, DC 20510
Tel: Fax: E-mail:

2005 DEC - 6 PM 1:29

Assigned To	Task	Assign Date	Deadline	Returned Date
NVS-200	REPLY	12/5/2005	12/14/2005	
	Return Process	12/5/2005		12/5/2005
ODI	REPLY	12/5/2005	12/12/2005	
NVS-010	INFORMATION	12/5/2005		12/5/2005
NIA-110	INFORMATION	12/5/2005		12/5/2005
NOA02	INFORMATION	12/5/2005		12/5/2005
NOA-010	INFORMATION	12/5/2005		12/5/2005
110	INFORMATION	12/5/2005		12/5/2005
120	INFORMATION	12/5/2005		12/5/2005

*Amari
12/6/05*

DIANNE FEINSTEIN
CALIFORNIA

COMMITTEE ON APPROPRIATIONS
COMMITTEE ON ENERGY AND NATURAL RESOURCES
COMMITTEE ON THE JUDICIARY
COMMITTEE ON RULES AND ADMINISTRATION
SELECT COMMITTEE ON INTELLIGENCE

United States Senate

WASHINGTON, DC 20510-0504

<http://feinstein.senate.gov>

November 11, 2005

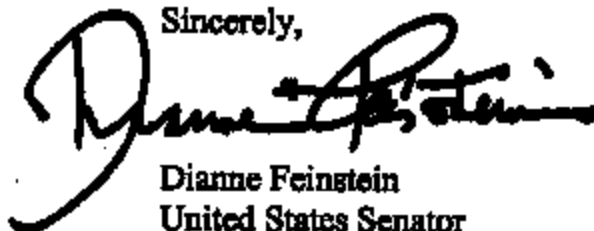
Mr. Michael Harrington
Director of External Affairs
Federal Highway Administration
400 Seventh Street SW
Washington, D.C. 20590

Dear Mr. Harrington:

I am writing to bring to your attention a letter from [REDACTED] regarding a safety issue. Please look into the issues raised, as quickly as possible, so I can appropriately respond to [REDACTED]

Attached you will find the enclosures from my constituent to assist you with your review. After you have completed your review, please send your written response to John Bacigalupi of my San Francisco office. Mr. Bacigalupi may be contacted at (415) 393-0707 if you have any questions.

Sincerely,



Dianne Feinstein
United States Senator

DF: jmb

EXECUTIVE SECRETARIAT
2005 DEC -2 P 2 24
THE SENATE

FRESNO OFFICE:
1130 D STREET
SUITE 2400
FRESNO, CA 93721
(559) 485-7430

LOS ANGELES OFFICE:
11111 SANTA MONICA BOULEVARD
SUITE 915
LOS ANGELES, CA 90025
(310) 914-7380

SAN DIEGO OFFICE:
780 B STREET
SUITE 1020
SAN DIEGO, CA 92101
(619) 534-8712

SAN FRANCISCO OFFICE:
ONE POST STREET
SUITE 5400
SAN FRANCISCO, CA 94104
(415) 398-5297

ES05-009303

Again, thank you for taking the time to write me. I hope that you will continue to keep in touch on issues that are important to you. If you have any questions or need assistance, please feel free to contact my Washington, D.C. staff at (202) 224-3841. Best regards.

Sincerely,

A handwritten signature in black ink, appearing to read "Dianne Feinstein". The signature is fluid and cursive, with a large initial "D" and a long, sweeping underline.

Dianne Feinstein
United States Senator

Further information about my position on issues of concern to California and the Nation are available at my web site <http://feinstein.senate.gov>. You can also receive electronic e-mail updates by subscribing to my e-mail list at <http://feinstein.senate.gov/issue.html>.

DF:jw:ac

Attn: _____
(for office use only)

People ID#: _____

Senator Dianne Feinstein

Privacy Release Form

Complete, sign, and return to:
SENATOR DIANNE FEINSTEIN
ONE POST STREET, SUITE 2450
SAN FRANCISCO, CA 94104

San Francisco Office

SEP 9 6 2005

Action: _____

Date: August 12, 2005

Name: _____

Address: _____

Zip: _____

Home Phone: _____

Work Phone: Cell _____

Federal Agency Involved: N.H.T.S.A. Dept - of Transportation / California County Sheriff's Dept
Social Security # or Agency File #: _____
Have you contacted our office before? Internet
IRS - Social Security and California EDD

Have you contacted another congressional office regarding this matter? Yes
If "yes" to the above, which office & when? Senator Kennedy two years ago in 03 and last year in 04 and most recently last month he referred me to Sen. Boxer
Is this matter currently pending before a local, state, or federal court? No

Problem:

Please briefly explain your problem and outline the steps that have been taken by you and the agency with regards to your situation. In addition, please make your request for assistance as specific as possible. Should you require more room, feel free to attach a letter addressed directly to the Senator.

Dear Senator Feinstein, The N.H.T.S.A concludes that no incidents occurred before August of 1984, I am witness to one Chevy Citation that stalled on a left hand turn and was supposed to be repaired. The news report backs my witnessed account that the motorcycle attempted to stop. Police reports never took my story into account. A recall

should be publicly known and not hidden by sales reps from a given manufacturer. An investigation is not valid when so many conflicts are present. The notice to the dealership is inconclusive, and no attempt was made to contact me. Please reverse the finding that all incidents occurred before August of 1984. I have brisidias in my hip and may soon be fully disabled. [redacted] was aged [redacted] and had his entire life ahead of him. Lita [redacted] was a Grandmother. No manufacturer should ever be allowed to fraud a single person ever again. I suggest a panel of independent manufacturers test each other's products independently and keep our roads safe.

Also please see that the Kern, Co. Sheriff fulfill obligations of victims that were inflicted by sheriff's dept. employees in the 1980s against defenseless women. Please see to the tax refund and Social Security Accounts of Me and my family. I hereby authorize U.S. Senator Dianne Feinstein and her staff to make inquiries and obtain information related to my case currently pending with the above mentioned federal [redacted]. Please quickly Respond

SIGNATURE: [redacted]

DIANNE FEINSTEIN
CALIFORNIA

COMMITTEE ON APPROPRIATIONS
COMMITTEE ON ENERGY AND NATURAL RESOURCES
COMMITTEE ON THE JUDICIARY
COMMITTEE ON RULES AND ADMINISTRATION
SELECT COMMITTEE ON INTELLIGENCE

United States Senate

WASHINGTON, DC 20510-0804

<http://feinstein.senate.gov>

July 21, 2005

[REDACTED]
Palmdale, California [REDACTED]

Dear [REDACTED]

Thank you for your letter sharing Cal-Earth technology. I appreciate hearing from you and apologize for the delay in my response.

The information you shared with me regarding Cal-Earth's technology for building homes is valuable and interesting. I learned more about this building technique by visiting the web site you referenced in your letter. This affordable and environmentally friendly building technology appears to hold a great deal of promise. Please know that I will keep your suggestions in mind during this 109th Congress.

Additionally, I am saddened to hear of your medical condition. My San Francisco office may be of assistance and I recommend that you send this information to my California office that handles casework requests. It is necessary to have a signed request from you in order to start an inquiry. Be sure to include a copy of correspondence from the federal agencies in question if you have any. As soon as your request is received, we will go to work on your problem. I have attached the relevant forms for you.

Senator Dianne Feinstein
United States Senate
One Post Street, Suite 2450
San Francisco, CA 94104
Or call (415) 393-0707
Fax (415) 393-0710



Office of Defects Investigation

2

Complaints

Defect Investigations

Recalls

Service Bulletins

Navigate: [ODI Home](#) » [Recalls](#) » [Search](#) » [Results List](#)

■ Complaints

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- » [Low Volume Manufacturer](#)

■ Stamp

■ Contact

1-888-DASH-2-DOT
(1-888-327-4236)

TTY

- » 1-800-424-9153 or
- » 1-202-434-5238

Search Results

Report Date : January 27, 2005 at 09:32 PM

SEARCH VEHICLE

TYPE :

YEAR : 1984

Make : CHEVROLET

Model : CITATION

Type : ANY

Results : 1 | All records displayed

Make : CHEVROLET

Model :
CITATION

Year : 1984

Manufacturer : GENERAL MOTORS CORP.

NHTSA CAMPAIGN ID Number :
85V034000Recall Date : MAR
22, 1985Component: FUEL SYSTEM, GASOLINE: DELIVERY: HOSES,
LINES/PIPING, AND FITTINGS

Potential Number Of Units Affected : 121095

 Check to Request Research. Submit
below.
[Get Summary](#)

[NHTSA Home](#) | [ODI Home](#) | [Complaints](#) | [Defect Investigations](#) | [Recalls](#) | [Service Bulletins](#) 227

(2)



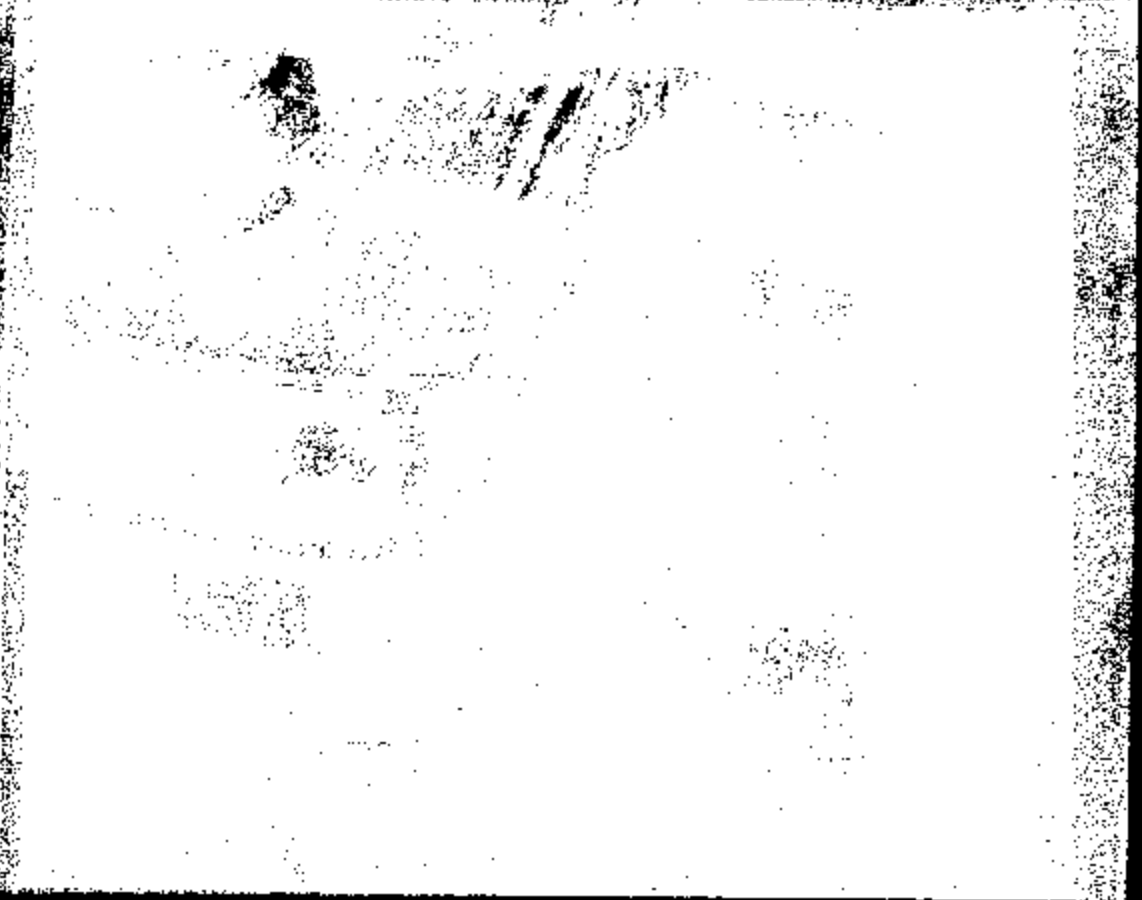
Handwritten text, possibly a name or title, written in cursive.

Faint, illegible text, possibly a date or reference number.

Faint, illegible text, possibly a name or title.

Faint, illegible text, possibly a name or title.

Faint, illegible text, possibly a name or title.





U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

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

Dear Consumer:

As a result of your recent report to the DOT Auto Safety Hotlines (DOT Hotlines), we have recorded that report on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe is(are) relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-address portion of the form is on the out side. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-address portion of the form is showing.

If further assistance is needed, please contact Mr. Michael J. Jordan, Safety Defects Program Assistant, Correspondence Research Division, Office of Defects Investigation, at (202) 493-0576.

Thank you for your cooperation.

Sincerely,

Alberto A. Jimenez, Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosures: VOQ
DOT Hotline Pamphlet



DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-627-4238

Investigative action ~~was~~ ~~conducted~~ ~~in~~
Recall # ~~100-1-100~~ and is therefore, closed.

FILE CLOSED MARCH 21, 1985.

BILL LOCKYER
Attorney General

State of California
DEPARTMENT OF JUSTICE



PUBLIC INQUIRY UNIT
P.O. BOX 944255
SACRAMENTO, CA 95844-2350
(916) 322-3360
TOLL FREE: (800) 952-3223
TDD: (916) 324-3564
or (800) 952-3541

February 10, 2005

PIU: 45365

[REDACTED]
Palmdale, CA [REDACTED]

RE: Chevrolet Motor Division

Dear [REDACTED]

Thank you for your recent correspondence to Attorney General Bill Lockyer.

We have reviewed your correspondence and determined that the following agency is in a much better position to render assistance to you in this matter. If you wish to pursue the matter further, we suggest you contact:

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation
NSA-10.01, 400 7th Street, SW
Washington, DC 20590.
DOT Auto Safety Hotline: 1-888-327-4236
<http://www.nhtsa.gov/>

We hope that our effort to help you to identify the correct government office to address your concern will be beneficial to you.

Again, thank you for contacting the Office of Attorney General Bill Lockyer.

Sincerely,

E. Brooks
Public Inquiry Unit

For **BILL LOCKYER**
Attorney General



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 100247

Date Received 27-JAN-2005	Repository <input type="checkbox"/>
	Reference No. 10109097 END

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: PALMDALE State: CA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address:
Evening Telephone Number:

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: ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make CHEVROLET	Model CITATION	Model Year 1984
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 015000 STEERING/ELECTRIC POWER ASSIST SYSTEM Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 27-JAN-2005	Failure Mileage	Failure Speed
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make	The Model (Name or Number)	The Size (Example P215/65R15)
DOT No. (Example: DOTM4SABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	The 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 2	Reported to Police Y
--	---	--------------------------------	-----------------------	-------------------------

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).

CONSUMER WAS A PASSENGER ON MOTORCYCLE. WHILE DRIVING THE MOTORCYCLE ON FREEWAY A VEHICLE SUDDENLY PULLED INTO TRAFFIC CRASHING WITH THE MOTORCYCLE. THE CAUSE WAS UNDETERMINED. *AK

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

The Privacy Act of 1974-Public Law 93-502 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.



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 100198

Date Received

24-JAN-2005

Repository

Reference No.
10107841

ZV09

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: PALMDALE State: CA Zip Code: [Redacted]

Daytime Telephone Number

Evening Telephone Number

E-mail Address

[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: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: [Redacted]
Make: AM GENERAL Model: M996 Model Year: 1984
Date Purchased: [Redacted] Dealer's Name and Telephone Number: QUIRK
Engines: No: Cylinders 4 Fuel Type: Gas
Original Owner: Dealer's City: QUINCY State: MA Zip Code: [Redacted]
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: UNKNOWN
Vehicle Component Code: 072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, ...
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 19-MAY-1984 Failure Mileage: [Redacted] Failure Speed: 50

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM4L9ABC036): [Redacted] Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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: 1 Number of Deaths: 2 Reported to Police: Y

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).

CAR STALLED ON LEFT TURN. CAR BACKED UP AND DARTED OUT INTO TRAFFIC RUNNING INTO MY FRIEND AND I ON THE BACK OF HIS MOTORCYCLE. THE ACCIDENT KILLED TWO AND SEVERELY INJURED ME. THE 1984 CHEVROLET CITATION HAD PROBLEMS WITH THE FLOATER INTAKE VALVE CAUSING IT TO STALL ON A LEFT. INVESTIGATORS MISSED THIS DETAIL. I AM IN CONSTANT PAIN AND I AM HAVING TROUBLE USING THIS WEB SITE. I HAVE SUFFERED BRAIN DAMAGE BESIDES THE BROKEN AND CRUSHED BONES THAT THE ACCIDENT LEFT ME WITH.
*NM

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

The Privacy Act of 1974-Public Law 93-502 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.



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 100145

Date Received

05-JAN-2005

Repository

Reference No.
10105867

ENDOR

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: PALMDALE State: CA Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: [REDACTED] Make: CHEVROLET Model: CITATION Model Year: 1984
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: No: Cylinders: [REDACTED] Fuel Type: [REDACTED]
Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: [REDACTED] Vehicle Component Code: 181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 19-MAY-1984 Failure Mileage: [REDACTED] Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: D0THAL9ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: 0 Number of Deaths: 2 Reported to Police: Y

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).

WHILE MAKING A LEFT HAND TURNS VEHICLE ACCELERATED THEN STALLED. AS A RESULT, THE VEHICLE CRASHED INTO A MOTORCYCLE. THE DRIVER OF THE VEHICLE AND THE DRIVER OF THE MOTORCYCLE DIED. VEHICLE WAS TOTALED. *AK

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

The Privacy Act of 1974-Public Law 93-502 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.