



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 FEB 27 PM 4: 27  
09-FEB-2006

Repository   
Reference No.  
10148348

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City DELRAY BEACH State FL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]  
Evening Telephone Number [REDACTED]  
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 [REDACTED] Date 2/14/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
2G1WF52E [REDACTED] Make CHEVROLET Model IMPALA Model Year 2004  
Date Purchased 01-JAN-04 Dealer's Name and Telephone Number MARDONEY CHEVROLET 561-278-3225 Engine: No. Cylinders 6 Fuel Type Gas  
Original Owner  Dealer's City DELRAY BEACH State FL Zip Code 33484  
Transmission Type  Automatic Antilock Brakes  Powertrain FRONT WHEEL DRIVE Vehicle Component Code 204000 WHEELS:CAP/COVER/HUB  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 31-JAN-2006 Failure Mileage 30000 Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P216/65R15) [REDACTED]  
DOT No. (Example: D0TMAL8ABC038)  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 [REDACTED] Number of Deaths [REDACTED] 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 PLASTIC HOUSING CAP THAT COVERS THE HUB NUTS BROKE OFF WHICH MADE THE TIRE DIFFICULT TO REMOVE. ALTHOUGH THIS OCCURRED TWICE ON THE RIGHT REAR HUB CAP HOUSING, THE OTHER PLASTIC HOUSINGS WERE NOT AFFECTED. THE VEHICLE WAS SEEN BY A DEALER AND THE PLASTIC HOUSINGS WERE REPLACED. at a cost to me.

If someone has to change a tire on a highway it would be impossible to remove without a chisel or hammer to break it off. I would appreciate a response. Thank you for your consideration.

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.