



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

Repository ☐

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11-SEP-2006

Reference No.
10167808

OWNER INFORMATION (Type or Print)

Name XXXXXXXXXX
Address XXXXXXXXXX
City LYNDONVILLE State VT Zip Code XXXXXX

Daytime Telephone Number XXXXXXXXXX

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 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G1ZS51F16F XXXXXXXXXX
Make CHEVROLET Model MALIBU ☒ Model Year 2006 ☒
Date Purchased 24-FEB-06 Dealer's Name and Telephone Number LITTLETON CHEVROLET 1-800-331-5678
Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner ☒ Dealer's City LITTLETON ~~LAKE~~ State NH Zip Code 03561
Transmission Type AUTOMATIC ☒ Antilock Brakes ☒ Cruise Control Powertrain FRONT WHEEL DRIVE
Vehicle Component Code 185000 VEHICLE SPEED CONTROL: CRUISE CONTROL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 04-SEP-2006 Failure Mileage 3500 Failure Speed 55-65

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 CRUISE CONTROL WOULD NOT HOLD THE VEHICLE AT THE SET SPEED WHILE TRAVELING DOWN HILL. THE DEALER WAS ALERTED.

VEHICLE STILL DOING 5 TO 10 MILES ABOVE SET CALISE
SEVERAL TIMES IT WENT AS HIGH AS 15 MILES
1ST MECHANIC SAID ALL VEHICLES DO THIS EVERY ROAD TESTS A 8 MILE
OVER CRUISE - ANOTHER SAID TAKE IT OUT OF CRUISE GOING DOWN HILL
ANOTHER SAID TOOK BRAKE OUT OF TRANSMISSION FOR BRAKE MILES
TIRED OF EXCUSES

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.