



U.S. Department of Transportation

National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

888-327-4236

www.safercar.gov

FOR AGENCY USE ONLY	
Date Rec'd: 1-31-07	Repository: <input type="checkbox"/>
Reference No.:	

OWNER INFORMATION (Type or Print)

Name: [REDACTED]

Street No.: [REDACTED] Apt. No.: [REDACTED]

City: BELTON State: MO Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]

Evening Telephone Number: [REDACTED]

E-mail: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on your vehicle.

Signature of Owner: [REDACTED] Date: 01/19/07

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side: 2G1WH52K149 [REDACTED]

Make: CHEVROLET Model: IMPALA Year: 2004 Current Mileage: 85156

Date Purchased: AUG 2003 Dealer's Name and Telephone Number: DAWMER CHEVROLET (816.254.3860)

Engine: [REDACTED] Fuel Type: Gas Diesel Hybrid Other

Original Owner: Original Owner Not Original Owner Dealer's City: INDEPENDENCE State: MO Zip Code: 64055 No. Cylinders: 6

Transmission Type: Automatic Manual

Antilock Brakes: Cruise Control:

Powertrain: Front-Wheel Drive All-Wheel Drive Rear-Wheel Drive Four-Wheel Drive

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name: ACCORDING TO GM SERVICE BULLETIN REPLACE TRANSMISSION SU/ENDID BOOST VALVE

Incident Date(s): 9/18/06 Failure Mileage: 76121 Failure Speed: 5mph

Failure Location: Driver Passenger Front Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand: [REDACTED] Tire Model/Line: [REDACTED] Tire Name: [REDACTED] Tire Size (Example: P215/65R1105): [REDACTED]

Failed Structure: Tread Sidewall Bead DOT No. (Example: DOT MAL9ABC036 on sidewall): [REDACTED] Original Equipment Prior Repair

Failure Type: Blowout Blister Crack Torn Tread Separation Road Hazard Out of Round

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model Number and Name: [REDACTED]

Seat Type: Infant Booster Integrated Convertible Other

Failed Part. Describe Failure Below: Base Harness/Buckle LATCH Connector Shell Handle Other

Installed in Vehicle using the: Vehicle safety belt LATCH system* *Vehicle info required

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] Police Report No.: [REDACTED]

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

IF NOT REPAIRED - TRANSMISSION FAILURE

TRANSMISSION HARD SHIFT AS IT MOVED FROM STOP TO DRIVING SPEED

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882