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

2007 MAR -7 AM 7:41

FOR AGENCY USE ONLY 100148	
Date Received 12-FEB-2007	Repository ☐
	Reference No. 10182318

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number [redacted]	
City LEBANON	**State** MO	**Zip Code** [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 [redacted] *dress to the vehicle manufacturer.*
Signature of Owner [redacted] Date 2/27/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G1ZT61826[redacted]	CHEVROLET	MALIBU MAXX	2006

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
26-SEP-06	RELIABLE CHEVROLET			No: Cylinders 6	Gas
Original Owner ☐	Dealer's City SPRINGFIELD	State MO	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain REAR WHEEL DRIVE	141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
06-FEB-2007	17265	20	

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0	0	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).

TL *- THE CONTACT OWNS A 2006 CHEVROLET MALIBU MAX. THE CONTACT STATED THAT THE VEHICLE WAS INVOLVED IN A CRASH AND WAS HIT BY ANOTHER VEHICLE ON THE PASSENGER FRONT SIDE AND THE FRONT END WAS PUSHED THROUGH AN INTERSECTION INTO A UTILITY POLE. THE CONTACT STATED THAT THE VEHICLE WAS TRAVELING AT 20-25 MPH. UPON IMPACT, NONE OF THE AIR BAGS DEPLOYED. THE CONTACT STATED THAT NO ONE WAS IN THE FRONT PASSENGER SEAT. THE CURRENT AND FAILURE MILEAGE WERE 17265. *AK

CAR was struck on passenger side first and then was pushed into power pole where front end of vehicle wrapped around power pole. Front bumper almost dead center hit utility pole.

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