



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 []

05-SEP-2007
11:44

Reference No.
10201907

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City STEVENSVILLE State MD Zip Code [Redacted]

Daytime Telephone Number [Redacted]

E-mail Address [Redacted]

Evening Telephone Number [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [] NO
In the absence of your name or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 9/18/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2G1WF52EX49 [Redacted]
Make CHEVROLET Model IMPALA Model Year 2003 2004
Date Purchased 23-APR-04 Dealer's Name and Telephone Number COLONIAL 410-778-6018 Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner [] Dealer's City CHESTERTOWN State MD Zip Code [Redacted]
Transmission Type AUTOMATIC [X] Antilock Brakes [X] Cruise Control Powertrain UNKNOWN
Vehicle Component Code 103000 POWER TRAIN:AUTOMATIC TRANSMISSION
Multiple Failure: 18

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 08-JUN-2004 Failure Mileage 18000 Failure Speed 0

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: DOTM19ABC036) [Redacted] [] Original Equipment [] Prior Repair Failure Location: Home
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 [X] No Fire [] Yes [X] 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).

SINCE THE VEHICLE WAS BOUGHT IN 2004 IT HAS BEEN TOWED 3 TIMES TO THE DEALER BECAUSE THE VEHICLE WOULD NOT GO INTO REVERSE. SINCE A NEW TRANSMISSION WAS PUT IN THE VEHICLE STILL HAS THIS PROBLEM. THIS HAS HAPPENED OVER A DOZEN OF TIMES.

The Dealer can not fixed the Problem. as soon as towed it snapped out of place and is alright for a vehicle.

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.