



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  
29-JAN-2008  
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**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City LEGRANGE State OH Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]  
Evening Telephone Number [REDACTED]

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an objection, NHTSA may use your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 1/16/08  YES  NO

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number: Located at bottom of windshield on driver's side  
2G1WF52E64[REDACTED] Make CHEVROLET Model IMPALA Model Year 2004  
Date Purchased 27-JUL-04 Dealer's Name and Telephone Number JACK MATIA Engine: No: Cylinders 6 Fuel Type: Gas  
Original Owner  Dealer's City ELYRIA State OH Zip Code [REDACTED]  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 117000 DIGITAL INSTRUMENT PANEL  
Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 06-DEC-2007 Failure Mileage 55100 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)  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 0 Number of Deaths 0 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).

TL\*THE CONTACT OWNS A 2004 CHEVROLET IMPALA. WHILE IDLING, THE SPEEDOMETER MALFUNCTIONED AND INDICATED 30 MPH. THE DEALER STATED THAT THE SPEEDOMETER NEEDED TO BE REPLACED. THE VEHICLE HAS NOT BEEN REPAIRED. THE FAILURE MILEAGE WAS 55,100 AND CURRENT MILEAGE WAS 55,560.

*Vehicle now repaired - driving was unsafe as it would show 90mph at 30mph or 0 at 45MPH - you never knew that you were driving*

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.

THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXAMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).