



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  
(4-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received 14-AUG-2008  
Repository   
Reference No. 10238123

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Address \_\_\_\_\_  
City SOUTH PASADENA State CA Zip Code \_\_\_\_\_ 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G1ZT64894  
Make CHEVROLET Model MALIBU MAXX Model Year 2004  
Date Purchased \_\_\_\_\_ Dealer's Name and Telephone Number \_\_\_\_\_ Engine: \_\_\_\_\_ Fuel Type: \_\_\_\_\_  
Original Owner  Dealer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ No: Cylinders \_\_\_\_\_  
Transmission Type \_\_\_\_\_ Antilock Brakes  Powertrain \_\_\_\_\_ Vehicle Component Code 110000 ELECTRICAL SYSTEM  
 Cruise Control Multiple Failure: \_\_\_\_\_

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

Incident Date(s) 01-JAN-2005 Failure Mileage 15000 Failure Speed 0

**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: DOTM9ABC036)  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 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 MALIBU MAXX. THE LEFT TURN SIGNAL BULBS OFTEN BLOW OUT. THE CONTACT TOOK THE VEHICLE TO THE DEALER AND THEY REPLACED THE BULB AND SOME WIRES. RECENTLY, HE NOTICED THAT THE LEFT TURN SIGNAL COVERING BURNED. THE CONTACT BELIEVES THAT THERE WAS AN ELECTRICAL FIRE. THE VEHICLE WILL BE TAKEN TO THE DEALER FOR A DIAGNOSIS. THE FAILURE MILEAGE WAS 15,000 AND CURRENT MILEAGE WAS 37,900.

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.

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

ON AUG 14 2008, DEALER FIXED ISSUE. PER DEALER INVOICE "FOUND WIRING <sup>HARNES</sup> MELTED WITH DAMAGED HEADLAMP ASSEMBLY. REPLACED FRONT HEADLAMP ASSEMBLY WITH NEW WIRING." PER RECORDS THE OTHER SIDE HAD SIMILAR MELT DAMAGE WHICH WAS REPLACED A YEAR AND A HALF AGO. HEADLAMP DID NOT HAVE TO BE REPLACED.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
1200 New Jersey Avenue SE  
Washington, D.C. 20077-9382  
Official Business  
Penalty for Private Use \$300

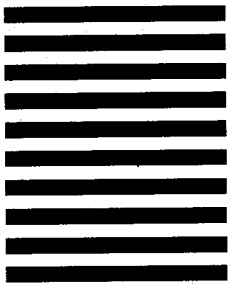
CITY OF PASADENA  
PASADENA CA  
17 SEP 2008 PM 2 14

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

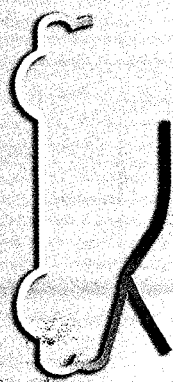
**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382**



**Think your vehicle has a safety defect?**



**If so:  
Use the enclosed form to file a report.**

**or visit:  
www.safercar.gov**

**or call:  
Vehicle Safety Hotline  
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration

