



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 ☐

11: 21
62 FEB-2010

Reference No.
10303955

OWNER INFORMATION (Type or Print)

Name

Address

City

BETHALTO

State

IL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G1AK52F357

Make
CHEVROLET

Model
COBALT

Model Year
2005

Date Purchased
Aug. 2005

Dealer's Name and Telephone Number
Londoff St. Louis

Engine: 2.2
No: Cylinders 4

Fuel Type:
Gasoline

Original Owner
☒

Dealer's City
St. Louis MO

State
MO

Zip Code

Transmission Type
Auto

☒ Antilock Brakes
☐ Cruise Control

Powertrain
Power Steering

Multiple Failure: Power Steering
Twice same day

Incident Date(s)
01-FEB-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 010000 STEERING

Failure Mileage
52000

Failure Speed
12

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: DOTM19ABC036)

☐ 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

Number of Deaths

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 2005 CHEVROLET COBALT. WHILE DRIVING 12 MPH, THE POWER STEERING LIGHT ILLUMINATED AND THE CONTACT LOST CONTROL OF THE STEERING WHEEL. HE WAS ABLE TO DRIVE TO HIS RESIDENCE. THE MANUFACTURER AND THE DEALER WILL BE NOTIFIED. THE FAILURE AND CURRENT MILEAGES WERE 52,000.

Dealer Fixed At No Cost on 2/5/10 at
Jack Schmitt's Chevrolet in Wood River IL.
(Replaced Electric Power Ass. Steering (No Problems After.)

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.