



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

FEB 07 2011  
29-DEC-2010

Repository

Reference No.  
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**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: FAYETTEVILLE State: NC Zip Code: [REDACTED]

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: 1G1ZG57B28F [REDACTED]  
Make: CHEVROLET Model: MALIBU Model Year: 2008

Date Purchased: 8-11-10 Dealer's Name and Telephone Number: COPART AUTO AUCTION 910-891-1252 Engine: No. Cylinders: 4 Fuel Type: GAS  
Original Owner:  Dealer's City: State: Zip Code:

Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control  Powertrain: Multiple Failure: YES Incident Date(s): 16-NOV-2010

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

Vehicle Component Code: 010000 STEERING  
UNEXPECTED LOSS OF POWER ASSIST Failure Mileage: 68000 AND 73,000 Failure Speed: PARKING + HIGHWAY speed

**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 A 2008 CHEVROLET MALIBU. THE CONTACT STATED THAT WHILE DRIVING, THE POWER STEERING FAILED. THE CONTACT STATED THAT THE INFORMATION SYSTEM LIGHT ILLUMINATED AFTER THE FAILURE OCCURRED. THE CONTACT TURNED THE VEHICLE OFF AND BACK ON; AFTER THE RESTART, THE POWER STEERING FUNCTIONED PROPERLY. THE FAILURE MILEAGE WAS APPROXIMATELY 68,000 AND THE CURRENT MILEAGE WAS APPROXIMATELY 75,000.

SECOND FAILURE OCCURED AT 73,000 MILES

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.