



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
 JUN 1 8 2011
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
 Address [REDACTED]
 City CHEYENNE State WY Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
 Evening Telephone Number [REDACTED]

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: 2G1WD58C679 [REDACTED]
 Make CHEVROLET Model IMPALA SS Model Year 2007
 Date Purchased 10/25/2006 Dealer's Name and Telephone Number TYRRELL - DOYLE CHEVROLET Co. Engine: No: Cylinders 8 Fuel Type: GAS
 Original Owner Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]
 Transmission Type Auto. Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Multiple Failure: Incident Date(s) 03-NOV-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE Failure Mileage 32000 Failure Speed 15MPH

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: DOTMAL9ABC036) 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 [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).

TL*THE CONTACT OWNS A 2007 CHEVROLET IMPALA. THE CONTACT STATED THAT THE FUEL GAUGE WAS DISPLAYING THE INCORRECT AMOUNT OF FUEL THAT WAS IN THE FUEL TANK. WHILE THE CONTACT WAS TRAVELING HIS VEHICLE LOST POWER SINCE THE FUEL TANK WAS EMPTY AND THE FUEL GAUGE INDICATED THAT HE COULD TRAVEL 50 MILES BEFORE THE FUEL TANK WOULD BE EMPTY. THE VEHICLE WAS TOWED TO THE DEALER AND THE CONTACT WAS ADVISED TO HAVE THE GASOLINE TANK ADJUSTED. THE VEHICLE WAS NOT REPAIRED. THE CURRENT MILEAGE WAS APPROXIMATELY 35,000 AND THE FAILURE MILEAGE WAS 32,000.

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.