Form Approved: O.M.B. No. 2127-0008

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: NOV 29 2011 / 27-OCT-2011

Repository ☐

Reference No.: 10433014

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City: FORT WASHINGTON | State: MD | Zip Code: [redacted]

Daytime Telephone Number: [redacted]

Evening Telephone Number:

E-mail Address: [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	Make	Model	Model Year
1G1ZC5E04AF[redacted]	CHEVROLET	MONTE CARLO	2010

Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
09/10/2011	Cyclisman Chevrolet	301-423-4000	4 cly	4 doors
Original Owner ☐	**Dealer's City**	**State / Zip Code**		
	Marlow Heights, MD	MD 20748		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☒ Antilock Brakes ☒ Cruise Control			12-OCT-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 010000 STEERING	Failure Mileage	Failure Speed
	43773	25

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: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type: Yes T/R/Both

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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 2010 CHEVROLET MONTE CARLO (NA). WHILE DRIVING APPROXIMATELY 25-35 MPH OVER A ROAD BUMP, A LOUD NOISE EMITTED FROM UNDER THE FRONT END OF THE VEHICLE AND THEN IMMEDIATELY THE VEHICLE BEGAN TO PULL INTO THE RIGHT DIRECTION. THE FAILURE RECURRED WHENEVER DRIVING OVER A ROAD BUMP OR A POTHOLE. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER. THE VEHICLE HAD NOT BEEN REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE PROBLEM. THE APPROXIMATE FAILURE MILEAGE WAS 43,773.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY