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

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Repository ☐

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OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City LEONIA | State NJ | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address

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
1G1ZS58F47F[redacted]	CHEVROLET	MALIBU	2007

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
5/2007	TOWNE CHEVROLET 201-866-3300	4	GAS

Original Owner	Dealer's City	State	Zip Code
☑	North Bergen	NJ	07047

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Automatic	☑ Antilock Brakes ☑ Cruise Control			02-FEB-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE	Failure Mileage	Failure Speed
	61000	

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:

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 OWNS A 2007 CHEVROLET MALIBU. THE CONTACT STATED THAT WHEN THE VEHICLE WAS FILLED WITH GASOLINE, THE FUEL GAUGE WOULD READ EMPTY. THE CONTACT TRIED USING FUEL INJECTOR CLEANER, BUT IT DID NOT REMEDY THE ISSUE. THE VEHICLE HAD NOT BEEN INSPECTED BY THE DEALER OR A MECHANIC. THE VIN WAS NOT AVAILABLE. THE FAILURE MILEAGE WAS 61,000 AND THE CURRENT MILEAGE WAS 62,000.

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