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: APR 26 2012 (20-MAR-2012)

Repository ☐

Reference No. 10452427

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City: TERRE HAUTE | State: IN | 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
2G1WX15K429[redacted]	CHEVROLET	MONTE CARLO	2002

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
2002	Andy Moore	6	GAS

Original Owner	Dealer's City	State	Zip Code
☒	Greencastle	IN	

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☒ Antilock Brakes ☒ Cruise Control	3.8	10	15-NOV-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 026000 TRACTION CONTROL SYSTEM, 025000 ELECTRONIC STABILITY CONTROL	Failure Mileage	Failure 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: 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 CONTACT OWNS A 2002 CHEVROLET MONTE CARLO. THE CONTACT STATED THAT WHEN THE ATTEMPTING A LEFT TURN, THE TRACTION CONTROL WARNING LIGHT WOULD ILLUMINATE AND THE VEHICLE WOULD STALL. THE CONTACT HAD TO REPLACE THE ABS WIRING FOR THE FRONT DRIVER SIDE WHEEL TO CORRECT THE FAILURE. THE VIN WAS NOT AVAILABLE. THE FAILURE MILEAGE WAS UNKNOWN, BUT THE CURRENT MILEAGE WAS 170,000.

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