U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline NOV 19 2012

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	Repository ☐
19-NOV-2012	Reference No. 10485098

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City: VIRGINIA BEACH	State: VA	Zip Code: [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	Make	Model	Model Year
1G1ZH57B69F[redacted]	CHEVROLET	MALIBU	2009

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
7/13/2009	RK Chevrolet			No: Cylinders	
Original Owner ☑	Dealer's City: Va. Beach	State: VA	Zip Code	4	Gas

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Automatic	☑ Antilock Brakes ☑ Cruise Control			17-NOV-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 100000 POWER TRAIN	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	0	0	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 2009 CHEVROLET MALIBU. THE CONTACT STATED THERE WAS A RECALL ASSOCIATED WITH NHTSA CAMPAIGN ID NUMBER 12V460000 (POWER TRAIN: AUTOMATIC TRANSMISSION: GEAR POSITION INDICATION (PRNDL.) THE MANUFACTURER WAS NOTIFIED AND THEY INFORMED THE CONTACT THAT THE REMEDY PARTS WOULD NOT BE AVAILABLE UNTIL JANUARY OF 2013. THE RECALL SUMMARY STATED IT WAS EXPECTED TO BEGIN ON OR AROUND NOVEMBER 12, 2012. THE CONTACT HAD NOT EXPERIENCED ANY FAILURE; HOWEVER WAS CONCERNED ABOUT THE POTENTIAL SAFETY HAZARD.

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