



U.S. Department of Transportation
National Highway Traffic Safety Administration

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)
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
JAN 17 2013
04-DEC-2012

Repository
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OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City **LEMON GROVE** State **CA** 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
1G1ZU64814E [Redacted] Make **CHEVROLET** Model **MALIBU MAX** Model Year **2004**
Date Purchased **June 04** Dealer's Name and Telephone Number **BOB STALL CHEVROLET** Engine: **6** Fuel Type: **Regular**
Original Owner Dealer's City **LA MESA CA** State **CA** Zip Code [Redacted]
Transmission Type **auto** Antilock Brakes Cruise Control Powertrain **Front wheel** Multiple Failure: Incident Date(s) **13-NOV-2012**

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: **220000 SEATS** Failure Mileage **54000** Failure Speed **0**
drivers front seat

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 Yes No Fire Yes No Number of Persons Injured **0** Number of Deaths **0** 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 2004 CHEVROLET MALIBU. THE CONTACT STATED THAT WHILE DRIVING AT AN UNKNOWN SPEED, THE RIGHT SIDE OF THE DRIVER'S SEAT SUDDENLY COLLAPSED TO THE FLOOR. THE VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION WHERE THEY ADVISED THE CONTACT THAT THE SEAT NEEDED TO BE WELDED OR REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED BUT PROVIDED NO ASSISTANCE. THE FAILURE MILEAGE WAS ~~14000~~ **54000** THE VIN WAS NOT AVAILABLE.

The Dealer held my car for 4 days and then stated it could not be done as the car was out of warranty. They offered to have seat welded for discount price \$230 I took the vehicle to a private repair who repaired it in three hours for \$100

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.