

INFORMATION Redacted Pursuant to THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)		DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire</b> 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	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 24-MAR-2014		Repository <input type="checkbox"/> Reference No. 10574438	
<b>OWNER INFORMATION (Type or Print)</b>					
Name [REDACTED]		Daytime Telephone Number [REDACTED]		E-mail Address	
Address [REDACTED]		Evening Telephone Number			
City BISHOPVILLE	State MD	Zip Code [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).					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G1ND52J7XY [REDACTED]		Make CHEVROLET	Model MALIBU	Model Year 1999	
Date Purchased Aug. 1999	Dealer's Name and Telephone Number I.G. Burton		Engine: No: Cylinders 4	Fuel Type: Gas	
Original Owner <input checked="" type="checkbox"/>	Dealer's City Milford	State DE	Zip Code		
Transmission Type Automatic	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 10-JUL-2013	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Vehicle Component Code: 110000 ELECTRICAL SYSTEM			Failure Mileage 100000	Failure Speed	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type:		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and injury (ies).)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N	
<b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b> 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 1999 CHEVROLET MALIBU. THE CONTACT STATED THAT THE IGNITION KEY WOULD TURN HOWEVER, THE ENGINE FAILED TO START. THE VEHICLE WAS TOWED TO AN AUTHORIZED DEALER, WHO STATED THAT THE IGNITION SWITCH WOULD NEED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED BUT ABLE TO BE RESTARTED AFTER ONE HOUR. THE CONTACT WOULD LEAVE THE ENGINE RUNNING WHEN EXITING THE VEHICLE FOR FIVE MINUTES TO ENSURE THE ENGINE WOULD NOT STALL. THE MANUFACTURER WAS NOT NOTIFIED OF THE PROBLEM. THE APPROXIMATE FAILURE MILEAGE WAS 100,000.					
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.					

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

A copy of invoice repair attached. Since repair have been made in April 2014 per invoice, there have been no problem with the ignition. Starting. I ~~was~~ have 118,000 miles.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE. Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

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24 JUN 2014 PM 2 1

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

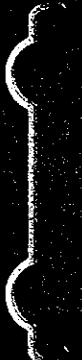
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POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382**



Think your vehicle has a safety defect?



Form 3525



