MAR 10 2015

Form Approved: O.M.B. No. 2127-0008

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	Repository ☐
03-APR-2014	Reference No. 10577048

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City NORTH MANCHESTER	State IN	Zip Code [redacted]	Evening Telephone Number

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
1G1ZS58F07F[redacted]	CHEVROLET	MALIBU	2007

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
9-14-12	Manchester Sales			No: Cylinders	
Original Owner ☐NO	Dealer's City North Manchester - IN	State	Zip Code	4	GAS

Transmission Type			Powertrain	Multiple Failure:	Incident Date(s)
AUTO	☑ Antilock Brakes	☑ Cruise Control		YES	11-APR-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 010000 STEERING	Failure Mileage	Failure Speed
	84000	20

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 2007 CHEVROLET MALIBU. THE CONTACT STATED WHILE DRIVING 20 MPH, THE STEERING ASSIST FAILURE LIGHT ILLUMINATED. THE CONTACT DROVE THE VEHICLE ONTO THE SIDE OF THE ROAD IN ORDER TO RESTART IT AND IT FUNCTIONED AS DESIGNED. THE VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION WHO STATED THE STEERING COLUMN NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 84,000.

2-20-15 — Problem Resolved
GM Did a Recall Thank

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