


Form Approved: OMB No. 2127-0008

 <p>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</p>		FOR AGENCY USE ONLY 100148	
		Date Received 04-APR-2014	Repository <input type="checkbox"/> Reference No. 10577386
OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		Daytime Telephone Number
Address	[REDACTED]		E-mail Address
City	State	Zip Code	Evening Telephone Number
OCONOMOWOC WI [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 1G1NE52M2X6 [REDACTED]		Make CHEVROLET	Model MALIBU
Date Purchased	Dealer's Name and Telephone Number		Model Year 1999
Original Owner	Dealer's City	State	Engine: No: Cylinders
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Fuel Type:
Multiple Failure:		Incident Date(s) 16-APR-2007	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 110000 ELECTRICAL SYSTEM		Failure Mileage 77500	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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>			
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			
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 1999 CHEVROLET MALIBU. THE CONTACT STATED THAT THE VEHICLE FAILED TO START AND THE ANTI-THIEF WARNING LIGHT ILLUMINATED. THE VEHICLE STARTED AFTER A TEN MINUTE WAIT. THE FAILURE OCCURRED TEN TIMES OVER A PERIOD OF ONE YEAR. THE VEHICLE WAS TAKEN TO THE DEALER WHO WAS UNABLE TO DIAGNOSE THE FAILURE. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 77,500.			
We have had this problem for several years now. I asked the dealer to disconnect the defective anti-theft, but they said NO.			
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 to 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.			

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

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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: OCONOMOWOC State: WI 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 1G1NE52M2X6 [REDACTED]		Make CHEVROLET	Model MALIBU	Model Year 1999
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 16-APR-2007

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 110000 ELECTRICAL SYSTEM

Failure Mileage: 77500 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]

DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]

Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]

Seat Type: [REDACTED] Installation System: [REDACTED]

Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(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
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