

JUL 7 2014

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 08-MAY-2014	Repository ☐ Reference No. 10587210		
OWNER INFORMATION (Type or Print)				Daytime Telephone Number		E-mail Address	
Name				Evening Telephone Number			
Address							
City GIG HARBOR		State WA	Zip Code				
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 1G1ZU63856F				Make CHEVROLET	Model MALIBU MAXX	Model Year 2006	
Date Purchased 9/29/2006	Dealer's Name and Telephone Number Hasekard			Engine: No: Cylinders	Fuel Type:		
Original Owner ☐	Dealer's City Plemerston			State	Zip Code 98312	6 Gas	
Transmission Type Auto	☐ Antilock Brakes	Powertrain Front wheel drive	Multiple Failure: see below		Incident Date(s) 06-MAY-2009		
☐ Cruise Control							
FAILED COMPONENT(S)/PART(S) INFORMATION							
Vehicle Component Codes: 010000 STEERING, BRAKES (PWS), 180000 VEHICLE SPEED CONTROL, 010000 STEERING, 116000 ELECTRICAL SYSTEM: IGNITION					Failure Mileage 128000	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)		☐ 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 2006 CHEVROLET MALIBU MAXX. THE CONTACT STATED THAT THE POWER STEERING WARNING LIGHT ILLUMINATED THEN THE VEHICLE BECAME DIFFICULT TO STEER. THE CONTACT ALSO MENTIONED THAT THE IGNITION WARNING LIGHT SPORADICALLY ILLUMINATED AT VARIOUS SPEEDS AND THERE WAS AN ABNORMAL METAL ODOR IN THE CABIN. THE VEHICLE WAS TAKEN TO THE DEALER WHERE IT WAS FOUND THAT THE STEERING COLUMN AND RACK AND PINION WAS REPLACED. THE CONTACT WAS ALSO INFORMED THAT THE REAR BRAKE CALIPERS NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 128,000.							
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 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.							