INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

OCT 22 2014

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 ☐
23-JUL-2014	Reference No. 10615595

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address NOEMAIL@UNK.GOV
Address	[redacted]	Evening Telephone Number	
City PINE LAKE	State GA	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).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G1ND52F85M[redacted]	CHEVROLET	CLASSIC	2005

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
JAN, 01, 2010	TIDWELL CAR COMPANY			4	
Original Owner ☐	Dealer's City DECATUR	State GA	Zip Code 30032		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 13-JUL-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: FUEL/PROPULSION SYSTEM (PWS), 072100 FUEL SYSTEM, GASOLINE: DELIVERY: FUEL PUMP	Failure Mileage 140000	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: 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 2005 CHEVROLET CLASSIC. WHILE ATTEMPTING TO ACCELERATE FROM A STOP, THE VEHICLE STALLED. THE ANTI-THEFT SENSOR ILLUMINATED AND THE VEHICLE WOULD NOT RESTART. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC WHO * ~~STATED THAT THE FUEL PUMP NEEDED TO BE REPLACED.~~ THE VIN WAS EXCLUDED FROM NHTSA CAMPAIGN NUMBER: 11E009000 (FUEL SYSTEM, GASOLINE). THE VEHICLE WAS REPAIRED AND THE MANUFACTURER WAS NOTIFIED. THE APPROXIMATE FAILURE MILEAGE WAS 140,000.

* COULD NOT BYPASS THE ANTI-THEFT SYSTEM. THE VEHICLE HAD TO BE TOWED FROM NTB TO A GM DEALERSHIP TO DIAGNOSE THE PROBLEM

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

Spoke with GM Response Center: THEIR FIRST RESPONSE WAS THE RECALL IS OVER.

I RECEIVED ANOTHER RESPONSE FROM GM: MS TIARA WHO STATED THEY ARE NOT REIMBURSING ME FOR ANYTHING. BUMPER TO BUMPER COST ASSISTANC IS OUT OF WARRANTY WITCH EXPIRED JAN. 11, 2008 OR AT 36,000 MICES. THE PART FAILURE (FUEL PUMP) SHE SAID WAS DO TO WEAR AND TEAR. WHEN I ASKED WHY WAS THERE NO DASHBOARD SIGNAL. SHE RESPONDED, THAT'S WHY YOU SHOULD TAKE YOUR CAR TO A GM DEALERSHIP FOR SERVICING.

SHE ALSO STATED GM KNOWS ABOUT THE POWER STEERING ISSUE AND I WOULD BE NOTIFIED?

INVOICE

No.

Q TOWING

P.O. Box 172 Clarkston, GA 30021
(404) 663-0215

DATE 7/11/ TIME 1257	REQUESTED BY/EXT.
LOCATION OF VEHICLE [redacted] Clarkston	
NAME [redacted]	PHONE [redacted]
VIN#/VEHICLE#	

MILEAGE	SERVICE TIME	
FINISH________	FINISH________	R________
START________	START________	OT________
TOTAL________	TOTAL________	OTHER________

YEAR	MAKE/MODEL/COLOR
	Chevy / Malibu / White

VEHICLE LICENSE NO.	DRIVER	MILES
	HENRY	7

JUMP START ☐ LOCK OUT ☐ PULL DRIVE SHAFT ☐ WHEEL LIFT TOW ☐
FLAT TIRE ☐ WRECK ☐ FLATBED REQUEST ☐ FLATBED TOW ☐
NO KEYS ☐ WINCH OUT ☐ DOLLIES ☐ HOIST TOW ☐

TOWED TO: Wesley Chapel & Covington Hwy

REMARKS

* Tidwell Auto (Ali)

MILAGE CHG.		
TOWING CHG.		
LABOR CHG.		
STORAGE CHG.		
PAID OUT		
PAID OUT FEE		
TOTAL	$60	00

I HAVE BEEN ADVISED THAT MY VEHICLE MAY BE DAMAGED IF WINCHED, TOWED, UNLOCKED, OR LEFT ON UNATTENDED PREMISES. I RECOGNIZE THE DIFFICULTY INVOLVED AND I AGREE NOT TO HOLD THE TOWING SERVICE RESPONSIBLE FOR SUCH DAMAGE SHOULD IT RESULT.

[redacted]
AUTHORIZED SIGNATURE

☐ CASH ☐ CHECK ☐ ACCT. ☐ CREDIT CARD

TIDWELL REPLACED THE FUEL PUMP FOR $350.00

INVOICE

No. [redacted]

Q TOWING

P.O. Box 172 Clarkston, GA 30021

(404) 663-0215

DATE	TIME	REQUESTED BY/EXT.
7/13	1037	

LOCATION OF VEHICLE [redacted]

[redacted] PHONE [redacted]

VIN#/VEHICLE#

MILEAGE	SERVICE TIME	
FINISH	FINISH	R
START	START	OT
TOTAL	TOTAL	OTHER

YEAR	MAKE/MODEL/COLOR

VEHICLE LICENSE NO.	DRIVER	MILES

JUMP START ☐	LOCK OUT ☐	PULL DRIVE SHAFT ☐	WHEEL LIFT TOW ☐
FLAT TIRE ☐	WRECK ☐	FLATBED REQUEST ☐	FLATBED TOW ☐
NO KEYS ☐	WINCH OUT ☐	DOLLIES ☐	HOIST TOW ☐

TOWED TO: [redacted]

REMARKS

MILAGE CHG.		
TOWING CHG.		
LABOR CHG.		
STORAGE CHG.		
PAID OUT		
PAID OUT FEE		
TOTAL		

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[redacted]

AUTHORIZED SIGNATURE

☐ CASH ☐ CHECK ☐ ACCT. ☐ CREDIT CARD

INVOICE

No. [redacted]

Q TOWING

P.O. Box 172 Clarkston, GA 30021

(404) 663-0215

DATE	TIME	REQUESTED BY/EXT.
7/14	1253	

LOCATION OF VEHICLE [redacted]

[redacted] PHONE [redacted]

VIN#/VEHICLE#

MILEAGE	SERVICE TIME	
FINISH	FINISH	R
START	START	OT
TOTAL	TOTAL	OTHER

YEAR	MAKE/MODEL/COLOR

VEHICLE LICENSE NO.	DRIVER	MILES

JUMP START ☐	LOCK OUT ☐	PULL DRIVE SHAFT ☐	WHEEL LIFT TOW ☐
FLAT TIRE ☐	WRECK ☐	FLATBED REQUEST ☐	FLATBED TOW ☐
NO KEYS ☐	WINCH OUT ☐	DOLLIES ☐	HOIST TOW ☐

TOWED TO:

REMARKS

MILAGE CHG.		
TOWING CHG.		
LABOR CHG.		
STORAGE CHG.		
PAID OUT		
PAID OUT FEE		
TOTAL		

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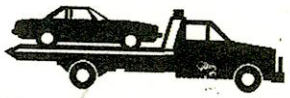
[redacted]

AUTHORIZED SIGNATURE

☐ CASH ☐ CHECK ☐ ACCT. ☐ CREDIT CARD

INVOICE

No. [redacted]



Q TOWING

P.O. Box 172 Clarkston, GA 30021

(404) 663-0215

DATE	TIME	REQUESTED BY/EXT.
[redacted]		

LOCATION OF VEHICLE [redacted]

MILEAGE	SERVICE TIME	
FINISH	FINISH	R
START	START	OT
TOTAL	TOTAL	OTHER

YEAR	MAKE/MODEL/COLOR

VEHICLE LICENSE NO.	DRIVER	MILES

JUMP START ☐	LOCK OUT ☐	PULL DRIVE SHAFT ☐	WHEEL LIFT TOW ☐
FLAT TIRE ☐	WRECK ☐	FLATBED REQUEST ☐	FLATBED TOW ☐
NO KEYS ☐	WINCH OUT ☐	DOLLIES ☐	HOIST TOW ☐

TOWED TO:

REMARKS

MILAGE CHG.		
TOWING CHG.		
LABOR CHG.		
STORAGE CHG.		
PAID OUT		
PAID OUT FEE		
TOTAL		

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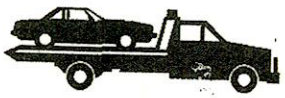
[redacted]

AUTHORIZED SIGNATURE

☐ CASH ☐ CHECK ☐ ACCT. ☐ CREDIT CARD

INVOICE

No. [redacted]



Q TOWING

P.O. Box 172 Clarkston, GA 30021

(404) 663-0215

DATE	TIME	REQUESTED BY/EXT.
[redacted]		

LOCATION OF VEHICLE [redacted]

PHONE [redacted]

VIN#/VEHICLE#

MILEAGE	SERVICE TIME	
FINISH	FINISH	R
START	START	OT
TOTAL	TOTAL	OTHER

YEAR	MAKE/MODEL/COLOR

VEHICLE LICENSE NO.	DRIVER	MILES

JUMP START ☐	LOCK OUT ☐	PULL DRIVE SHAFT ☐	WHEEL LIFT TOW ☐
FLAT TIRE ☐	WRECK ☐	FLATBED REQUEST ☐	FLATBED TOW ☐
NO KEYS ☐	WINCH OUT ☐	DOLLIES ☐	HOIST TOW ☐

[redacted]

REMARKS

MILAGE CHG.		
TOWING CHG.		
LABOR CHG.		
STORAGE CHG.		
PAID OUT		
PAID OUT FEE		
TOTAL		

I HAVE BEEN ADVISED THAT MY VEHICLE MAY BE DAMAGED IF WINCHED, TOWED, UNLOCKED, OR LEFT ON UNATTENDED PREMISES. I RECOGNIZE THE DIFFICULTY INVOLVED AND I AGREE NOT TO HOLD THE TOWING SERVICE RESPONSIBLE FOR SUCH DAMAGE SHOULD IT RESULT.

AUTHORIZED SIGNATURE

☐ CASH ☐ CHECK ☐ ACCT. ☐ CREDIT CARD

ER #: [redacted]

[redacted]

[redacted]

CLARKSTON, GA [redacted]
HOME: [redacted] CONT: [redacted]
BUS: CELL:

INVOICE

PAGE 1

John Miles

"MILES ABOVE THE REST"

950 DOGWOOD DRIVE · P.O. BOX 720
CONYERS, GEORGIA 30012
(770) 483-8766 · (800) 644-1229
www.johnmileschevy.com

SERVICE ADVISOR: 3173 CURTIS R GOSS

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
	05	CHEVROLET MALIBU	1G1ND52F85M[redacted]		140001/140001	T1463

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
16JUL14 DD			17:30 16JUL14		0.00	CASH	16JUL14

R.O. OPENED	READY	OPTIONS:
11:55 16JUL14	14:13 16JUL14	ENG:2.2_Liter_MFI_DOHC

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

A CUSTOMER STATES VEHICLE SHUT OFF WHILE DRIVING, VEHICLE WOULDSTART AND SHUT RIGHT BACK OFF, NOW VEHICLE WILL NOT TURN OVER AT ALL

09 DRIVEABILITY

3182 CP

PARTS: 0.00 LABOR: 75.00 OTHER: 0.00 TOTAL LINE A: 75.00 75.00 75.00

****

B FREE MULTI POINT INSPECTION

CAUSE: FREE MULTI POINT INSPECTION

MPSPC FREE MULTI POINT INSPECTION

3182 CP

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00 0.00

****

PAID Cash

DEALERSHIP COST FOR REPAIR OF FUEL PUMP $1,300.

WHICH I REFUSED

DISCLAIMER OF WARRANTIES

Any warranties on the products sold hereby are those made by the manufacturer. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

X _____
CUSTOMER SIGNATURE

SERVICE DEPT. HOURS:

MON THRU FRI
7:30 AM TO 6:00 PM

SAT
8:00 AM TO 2:00 PM

DESCRIPTION	TOTALS
LABOR AMOUNT	75.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	75.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	75.00

CUSTOMER COPY