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 ☐
28-AUG-2014 OCT 09 2014	Reference No. 10629026

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
City EAST STROUDSBURG	State PA	Zip Code [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	Make	Model	Model Year
2G1WA5EN0A1[redacted]	CHEVROLET	IMPALA	2010

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 01-APR-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 116000 ELECTRICAL SYSTEM: IGNITION	Failure Mileage 100000	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 2010 CHEVROLET IMPALA. THE VEHICLE WOULD NOT START PROPERLY WHEN THE KEY WAS INSERTED INTO THE IGNITION. THE VEHICLE WAS ABLE TO START AFTER MULTIPLE ATTEMPTS. THE CONTACT STATED THAT FUEL FUMES EMITTED THROUGH THE AIR CONDITIONING VENTS AND THE KEY WOULD NOT EJECT FROM THE IGNITION. THE FAILURE OCCURRED MULTIPLE TIMES. THE DEALER STATED THAT THE IGNITION SWITCH MIGHT BE FAULTY. THE VEHICLE WAS NOT REPAIRED. THE CONTACT RECEIVED A RECALL NOTIFICATION FOR NHTSA CAMPAIGN NUMBER: 14V355000 (ELECTRICAL SYSTEM); HOWEVER, THE PARTS WERE UNAVAILABLE. THE MANUFACTURER WAS UNCERTAIN AS TO WHEN THE PARTS WOULD BE AVAILABLE. THE APPROXIMATE FAILURE MILEAGE WAS 100,000.

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