

 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) FOR AGENCY USE ONLY 100148	
OWNER INFORMATION (Type or Print)			Date Received 09-SEP-2014		Repository ☐ Reference No. 10631979
Name [REDACTED] Address [REDACTED] City MULHALL State OK Zip Code [REDACTED]			Daytime Telephone Number [REDACTED] Evening Telephone Number		E-mail Address NOEMAIL@UNK.GOV
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 1G1ZC5EU8BF [REDACTED]			Make CHEVROLET		Model MALIBU
Model Year 2011			Engine: 4 cyl. No: Cylinders 2.4		Fuel Type: gas
Date Purchased 3-2-12		Dealer's Name and Telephone Number Wilson Chevrolet 405-372-3925		Original Owner ☐	
Dealer's City Stillwater		State OK		Zip Code 74074	
Transmission Type 6spd Auto		☒ Antilock Brakes ☒ Cruise Control		Powertrain valid till 11-24-15	
Multiple Failure: ?		Incident Date(s) 23-AUG-2014			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 110000 ELECTRICAL SYSTEM				Failure Mileage 66000	
				Failure Speed 35	
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 ☐ Yes ☒ No		Fire ☒ Yes ☐ No		Number of Persons Injured 0	
				Number of Deaths 0	
				Reported to Police Y	
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 2011 CHEVROLET MALIBU. WHILE DRIVING 35 MPH, THE CONTACT SMELLED SMOKE INSIDE THE VEHICLE AND AN UNKNOWN WARNING SENSOR ILLUMINATED. THE CONTACT INSPECTED THE VEHICLE AND NOTICED FLAMES ON THE DRIVER'S SIDE. THE FIRE DEPARTMENT EXTINGUISHED THE FLAMES. THE VEHICLE WAS DESTROYED. A POLICE REPORT WAS FILED. THE CAUSE OF THE FIRE WAS UNKNOWN. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 66,000.					
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 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.					

Case Number: [REDACTED]
CollisionDate: 08/23/2014
Trooper: BRAKE VERNON # 390

Name: [REDACTED]
License Number: [REDACTED]
DOB: [REDACTED]
Phone Number: [REDACTED]
Address Street: [REDACTED]
Address City: MULHALL Address State: OK Address ZIP: [REDACTED]
Insurance Company: STATE FARM
Insurance Phone: 5803362110
Policy Number: [REDACTED]
Vehicle Make: CHEV Model: ML1 Year: 2011
Tag Number: [REDACTED] Tag State: OK
Owner Name: [REDACTED]
Owner License Number: [REDACTED]
Owner Street: [REDACTED]
Owner City: MULHALL State: OK ZIP: [REDACTED]

If you find the other driver was not insured at the time of the above referenced collision, you may complete an Oklahoma Motor Vehicle Collision Report and submit the same within 1 year of the collision to:

DPS - Driver Compliance Division
P.O. Box 11415
Oklahoma City, OK 73136-0415

Call 405-425-2098 or visit www.dps.state.ok.us with questions.

The Official Oklahoma Traffic Collision Report can be obtained by calling the Department of Public Safety Records Management Division at 405-425-2262.

Please allow up to 14 days for record entry.

September 5, 2014
Invoice

[REDACTED]
Mulhall, OK [REDACTED]

Date of Run: August 23, 2014

Location of fire: 1/4 mile south of the HWY 51 & HWY 77 Junction

Object ignited: 2011 Chevy Malibu

of trucks responding: 1

Time Responded: 6:30pm

Time Returned: 8:30pm

Cost for run: \$250.00

Thank you in advance for your prompt payment.


Brooke Hermann, Secretary

VEHICLE ALERT NOTICE

****Please Respond Within 7 Business Days****

Customer ID No:

[REDACTED]

Registered Owner:

[REDACTED]

VEHICLE:

2011 CHEVROLET

Deadline:

09/07/2014

IMPORTANT INFORMATION ABOUT YOUR VEHICLE

Your immediate attention is requested



*****AUTO**3-DIGIT 730 76125

Mulhall, OK [REDACTED]

FIRST-CLASS MAIL
PRESORTED
U.S. POSTAGE PAID
ST LOUIS, MO
PERMIT NO. 3252

Recall #13036

From:

Marshall, G.



W40-304



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Photo Document Mailer

To: U.S. Dept. of Transportation
National Highway Traffic Safety Adm.
1200 New Jersey Ave., S.E.
Washington, DC 20590-0001

