

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 U.S. Department of Transportation National Highway Traffic Safety Administration		INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline		FOR AGENCY USE ONLY 100148			
		Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date Received 22-SEP-2014 not 2-8-2014</td> <td style="width: 50%;">Repository ☐</td> </tr> <tr> <td colspan="2">Reference No. 10638081</td> </tr> </table>		Date Received 22-SEP-2014 not 2-8-2014	Repository ☐
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Reference No. 10638081							
OWNER INFORMATION (Type or Print)							
Name		Address		City			
				State PA Zip Code			
				GERMAN Jermyn			
Daytime Telephone Number		E-mail Address					
		NOEMAIL@UNK.GOV					
Evening Telephone Number							
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 1G1ZT51F86F		Make CHEVROLET		Model Year 2006			
Model MALIBU		Engine: No: Cylinders		Fuel Type:			
Date Purchased 2007		Dealer's Name and Telephone Number Feel Good Motors					
Original Owner ☐		Dealer's City 924 SCRANTON-CARBONDALE		State PA Zip Code 18508			
Transmission Type		☒ Antilock Brakes		Powertrain			
		☒ Cruise Control		HWY			
Multiple Failure:		Incident Date(s) 24-APR-2014					
FAILED COMPONENT(S)/PART(S) INFORMATION							
Vehicle Component Code: 010000 STEERING				Failure Mileage			
				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 ☐ 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. THE CONTACT RECEIVED A NOTIFICATION FOR RECALL NHTSA CAMPAIGN NUMBER: 14V1153000 (STEERING). HOWEVER, THE PART NEEDED WAS UNAVAILABLE TO PERFORM THE REPAIR. THE MANUFACTURER WAS NOT NOTIFIED OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE.							
MANUFACTURER NOTIFIED Power Steering Brake Lamp Wire							
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.							

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Received 405 recall notices from manufacturer (GM)
Parts are not available for past six months.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department
of Transportation

National Highway
Traffic Safety
Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300



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IF MAILED
IN THE
UNITED STATES



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WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



safecar.gov

Think your vehicle
has a safety defect?



If so:

Use the enclosed
form to file a report.

or visit:

www.safecar.gov

or call:

Vehicle Safety Hotline
888-327-4236



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration