


DEC 30 2014

 <p>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</p>			FOR AGENCY USE ONLY 100148		
U.S. Department of Transportation National Highway Traffic Safety Administration			Date Received	Repository <input type="checkbox"/>	
			24-NOV-2014	Reference No. 10660517	
OWNER INFORMATION (Type or Print)					
Name	[REDACTED]			Daytime Telephone Number	E-mail Address
Address	[REDACTED]			[REDACTED]	
City	CROWN POINT	State	IN	Zip Code	[REDACTED]
<i>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).</i>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2G1WB58K579 [REDACTED]			Make CHEVROLET	Model IMPALA	Model Year 2007
Date Purchased 6-19-2010	Dealer's Name and Telephone Number QUAGLIATA AUTO AUCTION / US GOVERNMENT GSA		Engine: No: Cylinders V6	Fuel Type: 87 OCT E-85	
Original Owner <input type="checkbox"/>	Dealer's City MILAN		State IL	Zip Code 61204	
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure: YES		Incident Date(s) 06-JUL-2011
	<input checked="" type="checkbox"/> Cruise Control				
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: ENGINE (PWS), 116100 ELECTRICAL SYSTEM: IGNITION: SWITCH				Failure Mileage 84350	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)	<input type="checkbox"/> Original Equipment	<input type="checkbox"/> 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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2007 CHEVROLET IMPALA. THE CONTACT STATED THAT THE ENGINE CONTINUED TO RUN AFTER THE KEY WAS REMOVED OUT OF THE IGNITION SWITCH. THE FAILURE RECURRED MULTIPLE TIMES. THE VEHICLE WAS TAKEN TO A DEALER FOR DIAGNOSIS. THE TECHNICIAN STATED THAT THE IGNITION SWITCH NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 84,350.					
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.					

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

ENGINE Keeps Running AFTER Key 'IS Removed
FROM IGNITION SWITCH FOR ABOUT 8 TO 10
SECONDS THIS MUST BE CORRECTED NOW.



ATTACH ADDITIONAL SHEETS IF NECESSARY

POSTAL SERVICE
U.S. MAIL
DEC 25 2004
PM 7 L



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**



U.S. 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


BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 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



Think your vehicle has a safety defect?



If so:


Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline
888-327-4236



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

EXHIBIT

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#04

The United States Government Certificate to Obtain Title to a Vehicle

(Must Be Machine Prepared. See Instructions on reverse.) Duplicate If Checked

The undersigned Department or Agency of the United States Government certifies that the vehicle described herein, the property of the United States Government, has been transferred this 19 day of June 20 10, to the Transferee designated herein; and that this is the first transfer of such vehicle in ordinary trade and commerce subsequent to acquisition thereof by the United States Government.

Vehicle Identification No. 2G1WB58K579		Certificate No.		
Year 07	Make of Vehicle CHEVR	Series or Model IMPALA LS FFV 4D SE	Body Style	
Fuel GAS	No. of Cylinders 6	Weight (Shipping)	GVWR	Purchase Price 7,500.00
Transferor (Accountable office, i.e., department or agency, subunit and address, ZIP Code) GSA MS 34-7 230 South Dearborn Chicago, IL 60604-1896		Transferee (Name of dealer, individual, etc. and address including ZIP Code) CROWN POINT, IN		

Odometer Disclosure Statement	Date of Statement 06/19/2010
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Federal Law (and State law, if applicable) requires that you state the mileage upon transfer of ownership; failure to complete or providing a false statement may result in fines and/or imprisonment.

I, GSA state that

73331 Transferor's Name (Seller)

the odometer now reads _____ miles and to the

Odometer Reading (No Tenths)

best of my knowledge that it reflects the actual mileage of the vehicle described above, unless one of the following statements is checked.

- (1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
- (2) I hereby certify that the odometer reading is not the actual mileage:
WARNING - ODOMETER DISCREPANCY.

Transferor's Signature (Seller) <u>[Signature]</u>	Printed Name (Not Typed) and Title <u>Sen. N. [Signature] FSR</u>	Date 06/19/2010
Transferee's Signature (Buyer) <u>[Signature]</u>	Printed Name (Not Typed) and Title <u>[Signature]</u>	Date 06/19/2010

**ANY ALTERATION OR ERASURE
VOIDS THIS CERTIFICATE**

STANDARD FORM 97 (Rev. 9-99)
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Previous Edition Not Useable NSN 7540-00-634-4047
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ANY ALTERATIONS OR ERASURE VOIDS THIS CERTIFICATE