

 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 28-NOV-2014		Repository <input type="checkbox"/> Reference No. 10661161			
OWNER INFORMATION (Type or Print)						Daytime Telephone Number [REDACTED]		E-mail Address	
Name [REDACTED]		Address [REDACTED]		Evening Telephone Number					
City FRANKLIN SQUARE		State NY		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 1G1ZU54874F [REDACTED]				Make CHEVROLET		Model MALIBU		Model Year 2004	
Date Purchased		Dealer's Name and Telephone Number				Engine: No: Cylinders		Fuel Type:	
Original Owner <input type="checkbox"/>		Dealer's City		State		Zip Code			
Transmission Type		<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control		Powertrain		Multiple Failure:		Incident Date(s) 25-NOV-2014	
FAILED COMPONENT(S)/PART(S) INFORMATION									
Vehicle Component Code: 010000 STEERING						Failure Mileage 119123		Failure Speed 25	
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)		<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 (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)									
Crash <input checked="" type="checkbox"/> Yes <input 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 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 OWNED A 2004 CHEVROLET MALIBU. THE CONTACT RECEIVED A RECALL NOTICE FOR NHTSA CAMPAIGN NUMBER: 14V224000 (POWER TRAIN). THE CONTACT STATED THAT THE VEHICLE WAS TAKEN TO THE DEALER TO BE REMEDIED. AFTER THE VEHICLE WAS REMEDIED, WHILE DRIVING APPROXIMATELY 25 MPH, THE POWER STEERING SEIZED. AS A RESULT, THE CONTACT CRASHED THE VEHICLE INTO THE FRONT DRIVER SIDE OF A PARKED VEHICLE, WHICH CAUSED HIS VEHICLE TO FLIP OVER. THE CONTACT SUSTAINED NO INJURIES. A POLICE REPORT WAS FILED. THE VEHICLE WAS DESTROYED AND TOWED TO A DEALER. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 119,123.									
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)

- 1) Corrections - NHTSA Campaign # is - 14V153000
Component - Steering - BULLENTIN G.M. 14116
- 2) General Motors Complaint # Reference # [REDACTED]
- 3) General Motors told me that my case was closed why?
- 4) Car was serviced at Bica Chevrolet on 11-25-14 - ~~for~~ car was placed
at 7⁵³ AM & Recall ^{Repair} was completed at 8³⁸ AM - Recall notice stated
Repair is approx. 3 hours. ~~Steering~~ ~~lost~~ steering that night at approx 10⁴⁵ P.M.
Enclosed are copies of Repair of Car for Recall.
Enclosed are copies of Police report, Towing Bill.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

NEW YORK

NY 100

24 JAN 15

PM 101



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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



1-NHTSA CAMPAIGN IS INCORRECT, CAMPAIGN # 14V153000 IS THE CORRECT #.

2-GENERAL MOTOR COMPLAINT REFERENCE # [REDACTED]

3-WAS TOLD BY GENERAL MOTORS MY CASE WAS CLOSED WITH NO INVESTIGATION OF WHY MY STEERING FAILED AFTER EXPLAINING WHAT HAPPENED.

4-CAR WAS SERVICED AT BICAL CHEVOLET (SEE ENCLOSED BILL) ON 11-25-14 FOR RECALL FOR STEERING FAILURE. THAT NIGHT AT APPROX. 10:45 PM, ONLY DRIVING ABOUT 15 MILES MY POWER STEERING FAILED CAUSING ME TO HIT A PARK CAR AND MY CAR FLIPPING OVER. ACCORDING TO RECALL NOTICE REPAIR TIME WAS ABOUT 3 HOURS, I WAS GIVEN MY CAR BACK WITHIN A 45 MINUTES AND WAS TOLD RECALL REPAIR WAS COMPLETED. G.M. OR BICAL CHEVOLET ASSUMED ANY RESPONSIBILITY FOR STEERING FAILURE.

5- ENCLOSED ARE COPIES OF RECALL REPAIR PERFORMED BY BICAL CHEVOLET FOR POWER ASSIST POWER STEERING & TOWING BILL. ALSO POLICE ACCIDENT REPORT # IS [REDACTED]



709 W. Merrick Rd
 Valley Stream, NY 11580
 PH: (516) 285-6500 * Fax: (516) 285-6656
 www.bicalchevy.com
 Mon - Fri 8am-5pm Sat 8am-2pm

FRANKLIN SQUARE NY		VEHICLE IDENTIFICATION		MILEAGE OUT	DATE OUT	INVOICE NO.
		1G1ZU54874F		119123	11/25/14	
YEAR	MAKE	MODEL		COLOR	TAG NO.	
04	CHEVROLET	MALIBU LT		SILVER		
CUST. NO.	LICENSE	HOME PHONE	WORK PHONE	STOCK NO.	PROD. DATE	SERV. ADV.
			-		00/00/00	183
CASH						
CUST. LABOR RATE	DELIV. DATE	DELIV. MILES	MILEAGE IN	DATE IN	IN-SERV DATE	
P	00/00/00		119123	11/25/14	00/00/00	

BICAL CHEVROLET EXTENDS OUR SINCERE APPRECIATION FOR YOUR PATRONAGE. WE STRIVE TO PROVIDE QUALITY SERVICE AND COMPLETE SATISFACTION. YOUR COMMENTS WILL HELP US TO ACHIEVE OUR GOAL. YOU MAY BE RECEIVING A SURVEY IN THE MAIL AND WE WOULD APPRECIATE YOU RETURNING IT PROMPTLY WITH A RATING OF COMPLETE SATISFACTION. WE THANK YOU.

LINE	OP. CODE	FAIL-CD	TECH.	HOURS/QTY	TYPE	AMOUNT
A						
Com CUSTOMER REQUEST RECALL 1416-ELECTRIC POWER STEERING ASSIST						
Cau RECALL						
Cor RECALL COMPLETED						
	9100455		A57		W	
	X	23232310	(S) SENSOR KIT	1	W	
Line Total.....						

TOTAL-CUSTOMER NoCharge

CUSTOMER COPY - PAGE 01

STATEMENT OF DISCLAIMER
 The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE

On behalf of servicing dealer, I hereby certify that the information contained hereon is accurate unless otherwise shown. Warranty services described were performed at no charge to owner. There was no indication from the appearance of the vehicle or otherwise, that any part repaired or replaced under this claim had been connected in any way with any accident, negligence or misuse. Records supporting this claim are available for (1) year from the date of payment notification at the servicing dealer for inspection by manufacturer's representative.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

TOWING BILL

A1 IMPRESSIVE AUTO BODY, INC.

TOWING • FLATBED • WHEEL LIFT • 24 HOUR SERVICE

TEL: 516-536-1222

3305 LAWSON BLVD. • OCEANSIDE, NY 11572



TOWING AUTHORIZATION

VEHICLE OWNER:

DATE: 1/20/07

NAME: [REDACTED]

ADDRESS: [REDACTED]

VEHICLE:

LICENSE PLATE#

STATE:

YEAR:

MAKE:

MODEL:

TOWNED:

FROM:

MILEAGE

TO:

MILEAGE

TOWN OF HEMPSTEAD RATES

** All Charges Must Be Itemized **

SLING	\$60.00 For 1st Mile or Part Thereof	
MILEAGE	\$5.00 For Each Additional Mile or Part	
FLATBED	\$15.00 Additional when Requested or Required	
WHEEL LIFT	\$15.00 Additional	
DOLLIES	\$15.00 Additional	
STORAGE	\$10.00 For The First 3 Days, \$15.00 For The Next 30 Days, \$20.00 A Day Thereafter	
LABOR	\$35.00 Per Each 1/2 Hours For Special Skills	
CLEAN UP	\$35.00 Per Accident	
	\$10.00 Oil Absorbent Material	
	SUB TOTAL	
	LABOR	
	TAX	
	TOTAL	

*** MUST BE SIGNED BEFORE VEHICLE IS TOWED ***

ADDITIONAL CHARGES FOR INSIDE STORAGE REQUIRE VEHICLE OWNER'S SIGNED AGREEMENT

TOW CAR DRIVER:

NAME:

TOH LIC.#

TOW CAR:

NY LIC. PLATE #

MEDALLION #

I AUTHORIZE THE TOWING OF THE ABOVE VEHICLE

Signature of Owner or Person in Charge of Vehicle