


INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

 U.S. Department of Transportation <b>National Highway Traffic Safety Administration</b>		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> 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	27-JAN-2015	Repository <input type="checkbox"/>	Reference No. 10679297
<b>OWNER INFORMATION (Type or Print)</b>				Daytime Telephone Number	E-mail Address
Name		Address		Evening Telephone Number	
City		State	Zip Code		
WASHINGTON		DC			
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).					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make	Model	Model Year
1G1ND52M8XY			CHEVROLET	MALIBU	1999
Date Purchased		Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner	Dealer's City		State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:		Incident Date(s)
	<input type="checkbox"/> Cruise Control				15-JAN-2015
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Vehicle Component Code: 110000 ELECTRICAL SYSTEM				Failure Mileage	Failure Speed
				166000	35
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTMAL9ABC036)		<input type="checkbox"/> Original Equipment	Failure Location:		
		<input type="checkbox"/> Prior Repair			
Tire Component Code				Tire Failure Type:	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:			Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b>					
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury (ies).)</i>					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 1999 CHEVROLET MALIBU. WHILE DRIVING AT 35 MPH, THE VEHICLE STALLED. THE CONTACT WAS ABLE TO RESTART THE VEHICLE AND ALL THE WARNING LIGHTS ILLUMINATED. THE VEHICLE WAS TAKEN TO A DEALER. THE VEHICLE WAS REPAIRED UNDER NHTSA CAMPAIGN NUMBER: 14V400000 (ELECTRICAL SYSTEM); HOWEVER, THE FAILURE RECURRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 166,000.					
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.					

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

CAR Shut off Several times After "Repair".  
General Motors Notified on February 4, 2015  
of problem. I Requested A New Ignition  
Switch and they declined. My Case Number/  
Complaint number @ Gm is [REDACTED]

Attached a photo of the "REPAIR" (key hole) and  
the work order.

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

CAP DISTRICT  
MD 207  
12 MAR '15  
PM 2 L



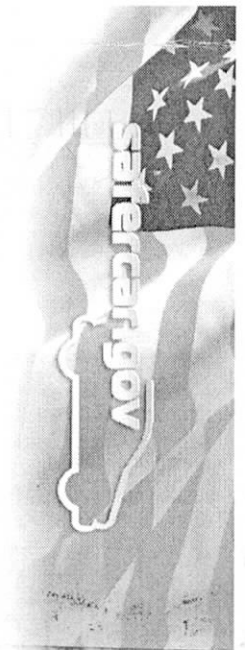
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



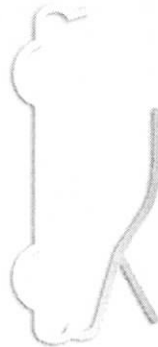
**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

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:

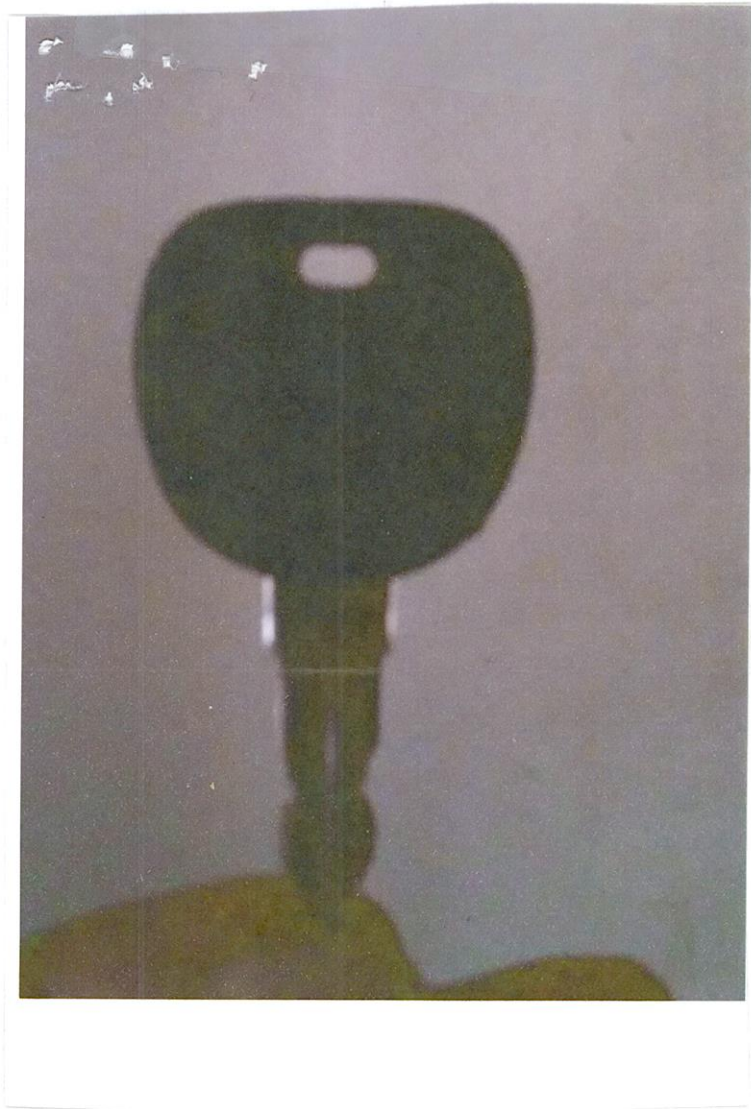
[www.safercar.gov](http://www.safercar.gov)

or call:

Vehicle Safety Hotline  
**888-327-4236**



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



CUSTOMER #:

\*INVOICE\*



Cadillac

CAPITOL CADILLAC COMPANY

6500 Capitol Drive  
Greenbelt, MD 20770

MAIN: (301) 441-9600 · SERVICE DIRECT: (240) 737-0359  
TOLL FREE: 1-800-423-8732

www.ecapitol.com

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WASHINGTON, DC

HOME: CONT:

BUS: CELL:

SERVICE ADVISOR: 751 JAMES TURNER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	99	CHEVROLET MALIBU	1G1ND52M8XY		166329/166329	TT2861	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN99 DD			WAIT 20NOV14		0.00	CASH	20NOV14
R.O. OPENED	READY	OPTIONS: ENG:3.1_Liter_V6_MFI					
09:39 20NOV14	11:00 20NOV14						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	PERFORM	CAMPAIGN	14350				
	04	RECALL					(N/C)
		23	W1	0.00			(N/C)
	4	23279477	COVER				(N/C)
	4	23232599	RING				(N/C)
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE A:	0.00
166329 COMPLETED CAMPAIGN 14350							
*****							