


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

 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 SEP 21 2015	Repository <input type="checkbox"/>		Reference No. 10682258
OWNER INFORMATION (Type or Print)					
Name	[REDACTED]		Daytime Telephone Number	[REDACTED]	
Address	[REDACTED]		Evening Telephone Number		E-mail Address
City	DANVILLE	State	CA	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 2G1WX15K249 [REDACTED]		Make	CHEVROLET	Model	MONTE CARLO
Date Purchased		Dealer's Name and Telephone Number		Engine:	Fuel Type:
Original Owner <input type="checkbox"/>		Dealer's City		No: Cylinders	6
State		Zip Code		Incident Date(s)	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:		02-FEB-2015
<i>Automatic</i>	<input checked="" type="checkbox"/> Cruise Control				
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 110000 ELECTRICAL SYSTEM				Failure Mileage	Failure Speed
				196385	
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: DOTM9ABC036)	<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	Number of Deaths	Reported to Police	
		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 2004 CHEVROLET MONTE CARLO. THE CONTACT STATED THAT WHILE DRIVING AT AN UNKNOWN SPEED, THE KEYS RELEASED OUT OF THE IGNITION WITHOUT WARNING. THE VEHICLE WAS TAKEN TO THE DEALER, WHERE THE TECHNICIAN DIAGNOSED THAT THE IGNITION CYLINDER NEEDED TO BE REPLACED. NO REPAIRS WERE MADE TO THE VEHICLE. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 196,385.					
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.					