

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

MAR 20 2015

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148



U.S. Department of Transportation

National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire
 To Report Vehicle Safety Defects
 1-888-DASH-2-DOT
 (1-888-327-4236)
 INTERNET: www.nhtsa.dot.gov/hotline

Date Received	Repository <input type="checkbox"/>
25-FEB-2015	Reference No. 10690717

OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		
Address	[REDACTED]		
City	OAKLAND	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	Make	Model	Model Year
2G1WF52E649 [REDACTED]	CHEVROLET	IMPALA	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	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 01-APR-2014

FAILED COMPONENT(S)/PART(S) INFORMATION		
Vehicle Component Code: 110000 ELECTRICAL SYSTEM	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: 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 2004 CHEVROLET IMPALA. THE CONTACT STATED THAT THE VEHICLE FAILED TO START INTERMITTENTLY. THE VEHICLE WAS TAKEN TO A DEALER. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS UNKNOWN.

PLEASE HELP I'M CONCERNED ABOUT EMERGENCY

SPOKE TO ALLEN TEAM LEADER AT GMC DETROIT HQ 866-790-5700 EXT 21667 and REPORTED MY LIFE THREATENING IMMUNE SYSTEM CONDITION, RECEIVED CASE # [REDACTED] 2/25/2015 3:30PM PST. WILL NOT HELP ME.

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.

NEITHER WILL DUBLIN GM 21200 JOHN MONEGGIO. RECALL

STATING NOT A RECALL DUBLIN, CA 94568

925) 479-3500 ROBERT VITTOREDO

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

I HAVE SARCOIDOSIS PULMONARY FIBROSIS, BRAIN INJURY, PERIPHERAL NEUROPATHY, GASTROINTESTINAL PROBLEMS AND I AM ON SSA & STATE DISABILITY AND CAN'T APPROX AND TAKE CARE. CAR WAS SCOT ME WITH INTERMITTENT KEY SYSTEM PROBLEM, BUT NOT REVENUE GO OR EXPLAINED. PLEASE HELP!!

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

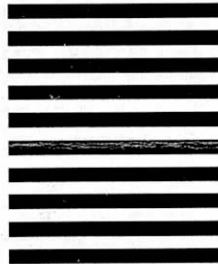
National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300



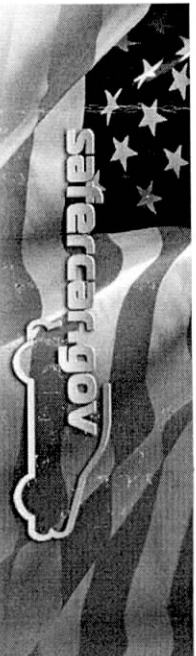
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



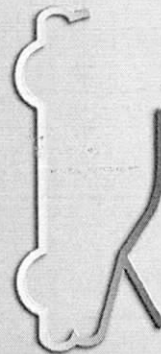
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

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



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