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	Repository
23-JUN-2015	☐

Reference No. 10726849

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number [redacted]	
City HAMPTON **State** VA **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
1G1ZG57B994[redacted]	CHEVROLET	MALIBU	2009

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
12/2008	Hampton Chevrolet 757/838-5450		reg
Original Owner ☒	Dealer's City: Hampton	State: Va Zip Code: 23664	

Transmission Type	☒ Antilock Brakes ☒ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
				19-JUN-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 980000 UNKNOWN OR OTHER	Failure Mileage	Failure Speed
Exhaust Manifold - Cata. Conver.	105843	N/A

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)	☐ Original Equipment ☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ 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).

CRACK IN THE 2009 EXHAUST MANIFOLD; HAD TO BE REPLACED AS THIS IS PART OF THE CATALYTIC CONVERT. LOOKED ON CHEVY FORUMS AND MULTPLE PEOPLE WITH SAME ISSUE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Customer Number: [redacted] Invoice No: [redacted] INVOICE

[redacted]

PAGE 1

[redacted]

HAMPTON, VA [redacted]

Home: [redacted] Bus: [redacted] Cell: [redacted]

Email: EMAIL| [redacted] HOME

1073 W. MERCURY BLVD. · HAMPTON, VA 23666
(757) 838-5450
www.hamptonchevy.com

SERVICE ADVISOR: 1493 MIKE BUNCH

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT		TAG
92U/SILVER	09	CHEVROLET MALIBU	1G1ZG57B994[redacted]	[redacted]	105983	105983	ERTYG

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
19DEC08			10:00 19JUN15			SDISC	19JUN15

R.O. OPENED	READY	OPTIONS: STK:[redacted] DLR:[redacted] 2)NO OUTSIDE WARR
15:48 18JUN15	16:14 19JUN15	

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
A CHECK FOR EXHAUST LEAK WHEN STARTED COLD			
99 DIAG & REPLACE EXHAUST MANIFOLD			
1471 CCA		277.48	277.48
1 12626525 (S)MANIFOLD	631.67	631.67	631.67
1 12622668 (S)GASKET	17.84	17.84	17.84
1 22626930 GASKET	12.51	12.51	12.51
SUBL RENTAL			
PO#94917			
ICPA			(N/C)
,,,,105983 CHECKED FOR EXHAUST LEAK, FOUND IT TO BE COMING FROM A			
,,,,CRACKED EXAUST MANIFOLD. REPLACED MANIFOLD/ CONVERTER ASSY. AND BOTH			
,,,,GASKETS. ALL OPS CK OK.			
**********			
B CHECK UNDER CAR FOR SOMETHING HANGING			
99 MISC SERVICE			
1471 CCA		0.00	0.00
,,,,105983 RESECURED BROKEN SPLASH SHIELD WITH A COUPLE ZIP TIES.			
**********			

*** PAYMENT ***
( ) CHARGE
( ) CREDIT CARD
( ) CHECK
( ) CASH

PAID Via Credit Card

The undersigned authorizes the repair work indicated above to be done including all labor, parts and materials necessary to complete the repairs. The undersigned authorizes Hampton Motor Corporation employees to operate the vehicle identified above on the streets, highways or elsewhere for the purpose of testing and inspection.

The undersigned agrees that Hampton Motor Corporation will not be responsible for the loss or damage to vehicle or theft of articles left in vehicle while vehicle is here, and that Hampton Motor Corporation will not be responsible for losses or inconvenience caused by the unavailability of parts or delays in parts shipments by the supplier or transporter.

The undersigned understands that an express mechanic's lien is created on the vehicle identified above to secure the amount of parts, labor and materials used on the vehicle for authorized repairs.

The undersigned agrees to pickup the vehicle identified above in a timely manner and pay for authorized repairs following notification that the repairs have been completed. In the event the vehicle has not been picked up within ten working days following notification of completion, Hampton Motor Corporation, at it's sole option, may assess a daily storage fee. This fee will be ten dollars ($10.00) each calendar day, and the total amount of storage fees will automatically be included in the express mechanic's lien indicated above.

Hampton Motor Corporation agrees to repair or replace, at it's sole option, parts, labor or materials found to be defective within twelve months or 12,000 miles from the date of repair, whichever comes first. Any specific terms which differ from the foregoing will be stated in writing above.

We gladly accept your check as payment. However, please be advised when paying by check you expressly authorize Hampton Motor Corp., if your check is dishonored or returned for any reason, to electronically debit your account for the amount of the check plus a processing fee of $25.00.

X SIGNATURE: _____ DATE: _____

X4512 280_1

DESCRIPTION	TOTALS
LABOR AMOUNT	$ 277.48
PARTS AMOUNT	$ 662.02
GAS, OIL, LUBE	$ 0.00
SUBLET AMOUNT	$ 0.00
MISC. CHARGES	$ 0.00
TOTAL CHARGES	$ 939.50
DEDUCTIBLE	$ 5.00
SALES TAX	$ 39.72
PLEASE PAY THIS AMOUNT	$ 974.22

Customer Copy Page 1 of 1

[redacted]

FACSIMILE COVER SHEET

Date: 8/24/15

Total Pages: 4 (including Cover Sheet)

To: Randy Reid ?

At Fax: 202/366-1767

From [redacted]

At Fax:
- ❑ (757) 594-3134
- ❑ (757) 534-5229
- ❑ (757) 565-5328
- ❑ (804) 693-5776
- ❑ _____

If you do not receive all pages, please call:
- ☒ (757) 594-2644
- ❑ (757) 534-5220
- ❑ (757) 220-4900
- ❑ (804) 693-4900
- ❑ _____

Message: _____

Reply: _____

Mark E. Chisam, MD • Veronica R. Eisen, MD • Lori K. Gillespie, MD
C. Ronald Kersh, MD • Joseph D. Layser, MD

Newport News (A Dept of RRMC) • 12100 Warwick Blvd, Ste 102, Newport News, VA 23601 • (757) 594-2644
Chesapeake Regional, Riverside & University of Virginia Radiosurgery Center (A Dept of RRMC) • 500 J. Clyde Morris Blvd, Newport News, VA 23601 • 534-5220
Williamsburg (A Dept of RRMC) • 3901 Treyburn Dr, Ste B, Williamsburg, VA 23185 • (757) 220-4900
Gloucester (A Dept of RWRH) • 7544 Medical Dr, Ste A, Gloucester, VA 23061 • (804) 693-4900

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