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
Address				
City HAMPTON	State VA	Zip Code	Evening Telephone Number	

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	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

From: Abbew, Margaret CTR (NHTSA)
To: Fogle, Brenda CTR (NHTSA)
Subject: FW: Exhaust Manifold
Date: Tuesday, August 25, 2015 7:23:21 AM
Attachments: SKM_454e15082406551.pdf

-----Original Message-----
Sent: Monday, August 24, 2015 10:07 AM

Subject: FW: Exhaust Manifold

Email 2 of 2.

-----Original Message-----
From: [redacted]
Sent: Monday, August 24, 2015 8:00 AM
To: DataQuality, DataQuality (NHTSA)
Subject: Exhaust Manifold

Good Morning Randy,

I have filed out the form to the best of my ability; some answers I do not know how to answer. If you need any further information please let me know. I have attached the form and receipt as requested.

Thank You!
[redacted]

U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216rr

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failures(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ

Customer Number: [redacted] Invoice No [redacted]

INVOICE

[redacted]

PAGE 1

-

[redacted]

HAMPTON, VA [redacted]

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

Email: EMAIL [redacted] | HOME

Hampton Chevrolet
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	[redacted]

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.

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**

X SIGNATURE: [redacted] DATE:

X4512-280_1

Customer Copy

RIVERSIDE

Radiation Oncology Specialists
www.riversideonline.com

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:

- ❑ [redacted]
- ❑ (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

MIS1838B R-6/14 kz/indd