Claim # [redacted]

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
08-SEP-2015 OCT 26 2015	Reference No. 10762045

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City CATASAUQUA	**State** PA	**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
2G1WF52E9Y9 [redacted]	CHEVROLET	IMPALA	2000

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
01-05-00	* NO LONGER IN BUSINESS BENNET CHEVROLET CORP - 610-437-2678	No: Cylinders	
Original Owner ☑	**Dealer's City** ALLENTOWN	**State** PA	**Zip Code** 18103

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 24-AUG-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, LIGHTING (PWS), 353600 EQUIPMENT: AIR CONDITIONER	Failure Mileage 73000	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: 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).

TL* THE CONTACT OWNS A 2000 CHEVROLET IMPALA. WHILE OPERATING THE VEHICLE, THE AIR CONDITIONER SUDDENLY STOPPED WORKING AFTER SHUTTING THE VEHICLE OFF. THE DOORS WOULD NOT UNLOCK AND TRAPPED THE DRIVER INSIDE THE VEHICLE. THE CONTACT INDICATED THAT A SECURITY SENSOR LIGHT ILLUMINATED ON THE INSTRUMENT PANEL. IN ADDITION, WHEN THE VEHICLE WAS SHUT OFF, ALL THE INTERIOR AND EXTERIOR LIGHTS REMAINED ILLUMINATED. THE CAUSE OF THE FAILURES WAS NOT DIAGNOSED. THE MANUFACTURER WAS NOTIFIED. THE FAILURE MILEAGE WAS 73,000.

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)

Claim [redacted]

Security light on dash came on - causing AC to stop working (90° weather), all lights inside and outside did not go out, all doors locked from inside - also caused a dead battery

see attached sheet

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

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

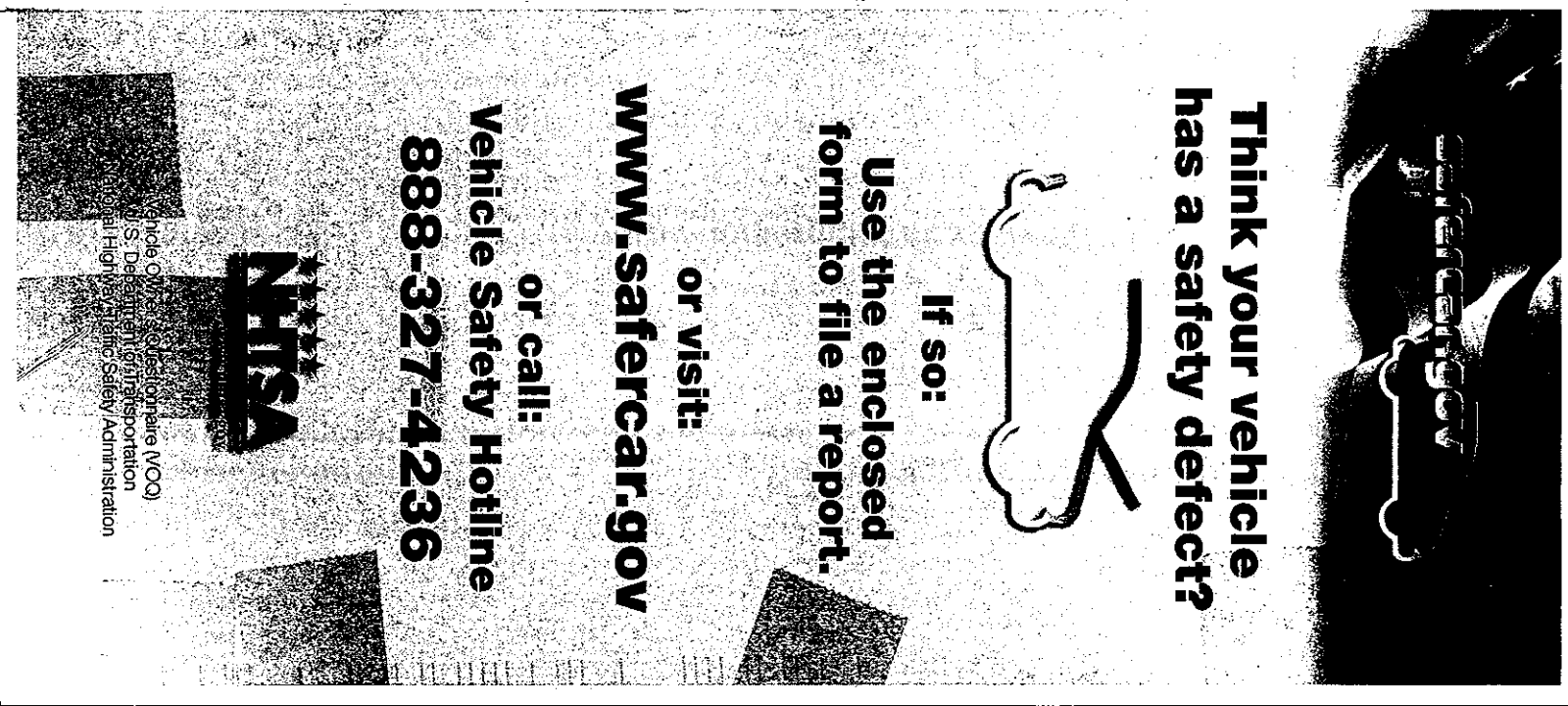
Official Business
Penalty for Private Use $300

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



To Whom It May Concern:

My husband and I own a 2000 Chevy Impala.

a few weeks ago, my husband went to visit a friend. Upon arrival he noticed the security light came on the dash. He parked the car, turned off the motor.

He later came out to drive home and the car had a dead battery. He had to get a jump start

The next day, he drove to Weis Market in Whitehall, Penna. to shop for a few things

upon arriving the parking area he noticed the security light came on. The weather at that time was hot 90° and humid, the air conditiong had been on, suddenly it started blowing hot air, he opened the window a bit. after parking the car and turned off the motor,, all the doors locked, he couldnt get out. With the window opened a bit, he had to take the key, place his hand out of the window and open the door from the outside

When he drove home and parked the car, turned off the motor, all the lights, both inside and outside did not go out, of course another dead battery.

He took it to a local garage, since we felt it was unsafe to drive it to a dealer which is about 10 miles from our home.

The finding was a BCM Module with a bill of 594.41 which is enclosed.

I am writing about this problem so that other car owners can be aware of this dangerous situation.

Sincerely,

[redacted]

Calasanzea, [redacted]

Claim # [redacted]

Enc

P.S. A letter was also sent to Chevy Motor Division at that time

Marc's Auto, Inc.

09/18/2015

423 Arch Street
N. Catasauqua, PA 18032
(610) 264-9966

Invoice #[redacted]

[redacted]
Catasauqua PA [redacted]
[redacted] (610) ___-____ (610) ___-____

2000 CHEVROLET IMPALA FWD
3.4L OHV DIS-SFI (Eng Code E)
Tag: [redacted] Mileage 73,491
ID:

Labor	Tech	Amount
CK NOT STARTING & ELECTRICAL PROBLEMS	Tech002	$0.00
SECURITY LIGHT ON AC /HEATER NOT	Tech002	$0.00
WORKING /RADIO NOT WORKING	Tech002	$0.00
DIAGNOSTIC TIME ON CAR REPAIR	Tech002	$0.00
WIRING HARNESS & REPLACE BCM MODULE	Tech002	$300.00
		$300.00

Part No.	Parts	Quantity	Each	
1035-0647	BCM	1.00	$261.06	$261.06
				$261.06

PAID
CH [redacted]

Subtotal	**$561.06**
Tax	$33.66
Total	**$594.72**

You are entitled to a copy of this order at the time of your signature.

I authorize you to perform the repairs above and furnish the necessary materials. I understand any cost quoted is an estimate. Your technicians may operate this vehicle for inspection, testing, and delivery. You will not be responsible for loss or damage to vehicle or articles left in it in case of fire, theft, or any other cause beyond your control.

DATE 9/18/15 SIGNED [redacted]

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*Note: Upon your request, you are entitled by law to the return of all parts replaced, except those which are too heavy or large, and those required to be sent back to the manufacturer or distributor because of warranty work or exchange agreement. You are entitled to inspect the parts which cannot be returned to you.

No. [redacted]

MV—1 (8/98)

A. VEHICLE DESCRIPTION

MAKE OF VEHICLE	VEHICLE IDENTIFICATION NUMBER (VIN). IF TRACING REQUIRED, TAPE SECURELY TO REVERSE OF THIS COPY	BODY TYPE (SDN, TK, BUS, ETC.)	MODEL YEAR
CHEVROLET	2G1WF52E9Y9[redacted]	SDN	2000

GROSS VEHICLE WT. RATING	FUEL	DIN/MECHANIC #	AUTHORIZED NOTARY PUBLIC OR CERTIFIED INSPECTION MECHANIC (PRINT NAME)
	☐ DIESEL ☐ ELECTRIC		

CHECK THE APPROPRIATE BLOCK IF THE VEHICLE IS TO BE USED OR WAS FORMERLY USED AS A TAXI ☐ OR A ☐ POLICE VEHICLE (IF APPLICABLE)

I certify that I have verified that a legible tracing cannot be secured and that the above VIN is correct. SIGN HERE

B. APPLICANT INFORMATION

LAST NAME (OR FULL BUSINESS NAME)	FIRST NAME	MIDDLE INITIAL	DATE ACQUIRED/ PURCHASED
[redacted]			[redacted]

CO-PURCHASER [redacted]

DEALER ID NUMBER (IF APPLICABLE) 01/05/00

STREET	CITY	STATE	ZIP	COUNTY CODE
[redacted]	CATASAUQUA	PA	[redacted]	

NOTE: If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (On death of one owner, title goes to surviving owner.) CHECK HERE ☐. Otherwise, the title will be issued as "Tenants in Common" (On death of one owner, interest of deceased owner goes to his/her heirs or estate.).

NOTE: IF THE VEHICLE IS BEING LEASED, CHECK THIS BLOCK ☐. IF BLOCK IS CHECKED, COMPLETE AND ATTACH FORM MV-IL.

REFER TO COUNTY CODES LISTING ON REVERSE SIDE OF PINK COPY

C. MILEAGE INFORMATION

☐ REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS

☐ IS NOT THE ACTUAL MILEAGE WARNING: ODOMETER DISCREPANCY

ODOMETER READING ____ TENTHS 2 ☒

WARNING: FEDERAL AND STATE LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

D. LIEN INFORMATION

1ST LIEN DATE: 01/05/00 → IF NO LIEN, CHECK ☐	2ND LIEN DATE: → IF NO LIEN, CHECK ☒
1ST LIENHOLDER LAFAYETTE-AMBASSADOR BANK	2ND LIENHOLDER
STREET P.O BOX 25091	STREET
CITY LEHIGH VALLEY STATE PA ZIP 18002-5091	CITY STATE ZIP
FINANCIAL INSTITUTION NUMBER CHEVROLET 2GBEG25KON[redacted]	FINANCIAL INSTITUTION NUMBER 1992

E. VEHICLE TRADED

MAKE OF VEHICLE SW VIN: XX MODEL YEAR

BODY TYPE (SDN, BUS, TK, ETC.) XX CONDITION OF VEHICLE ☒ GOOD ☐ FAIR ☐ POOR

F. ADDITIONAL VEHICLE INFORMATION

PASSENGER TAX/BUS	PASSENGER ☐ TAXI ☐ LIMOUSINE ☐ SCHOOL BUS ☐ MASS TRANSIT ☐ OTHER BUS ☐	SEATING CAPACITY	
MOTORCYCLE MOTOR DRIVEN CYCLE MOPED	CYLINDER CAPACITY 50CC OR LESS ☐ YES ☐ NO	BRAKE HORSEPOWER ☐ 1.5 OR LESS ☐ 1.6 TO 5.0 ☐ OVER 5.0	
	OPERABLE PEDALS ☐ YES ☐ NO	MAX DESIGN SPEED 25 MPH OR LESS ☐ YES ☐ NO	
	AUTOMATIC TRANSMISSION ☐ YES ☐ NO	DESIGNED/ALTERED FOR ROAD USE ☐ YES ☐ NO	
MOTOR HOME	CHASSIS MFR:	BODY MAKE:	
TRAILER & VEHICLES BELOW	NUMBER OF AXLES:	REQ. REGISTERED GROSS WT. (INCLUDING LOAD)	
	SUM OF GAWR'S:	UNLADEN WT. (EMPTY)	
TRUCK TRUCK TRACTOR	REQ. REGISTERED GROSS COMBINATION WT.	GROSS COMBINATION WT. RATING	
IMPLEMENT OF HUSBANDRY OR SPECIAL MOBILE EQUIPMENT	COMPLETE AND ATTACH FORM MV-190		

G. APPLICATION FOR REGISTRATION

ORIGINAL PLATE ✓ Check One

☐ PLATE TO BE ISSUED BY BUREAU (PROOF OF INSURANCE MUST BE ATTACHED.)

☐ EXCHANGE PLATE TO BE ISSUED BY BUREAU

☐ TEMPORARY PLATE ISSUED BY FULL AGENT

TEMP. PLATE NO.

☒ TRANSFER OF PREVIOUSLY ISSUED PLATE

☐ TRANSFER & REPLACEMENT OF PLATE

☐ TRANSFER & RENEWAL OF PLATE

☐ TRANSFER OF PLATE & REPLACEMENT OF STICKER

PLATE NO. [redacted]

EXPIRES Month 02 Year 01

REASON FOR REPLACEMENT ☐ LOST ☐ STOLEN ☐ DEFACED ☐ NEVER REC'D (LOST IN MAIL)

NOTE: If "NEVER RECEIVED" block is checked, applicant must complete Form MV-44.

TRANSFERRED FROM TITLE NO. [redacted]

VIN 2GBEG25KON4[redacted]

SIGNATURE OF PERSON FROM WHOM PLATE IS BEING TRANSFERRED (IF OTHER THAN APPLICANT): SIGN HERE

RELATIONSHIP TO APPLICANT

INSURANCE COMPANY NAME ATLANTIC STATES

POLICY NO. (OR ATTACH BINDER) [redacted]

POLICY EFFECTIVE DATE 07/23/99

POLICY EXPIRATION DATE 01/23/00

ISSUING AGENT INFORMATION

I CERTIFY THAT ON MONTH 01 DAY 05 YEAR 00 I HAVE CHECKED TO DETERMINE THAT THE VEHICLE IS INSURED AND ISSUED TEMPORARY REGISTRATION TO THE ABOVE APPLICANT, IN COMPLIANCE WITH ALL APPLICABLE PROVISIONS OF THE VEHICLE CODE AND DEPARTMENT REGULATIONS.

ISSUING AGENT (PRINT NAME) BENNETT CHEVROLET CORP.

AGENT NO. 85-5771BE

ISSUING AGENT SIGNATURE [signature]

TELEPHONE NO. (610)437-2678

H. SEAL AND APPLICATION FOR TITLE

I/WE ACKNOWLEDGE THAT I/WE MAY LOSE MY/OUR OPERATING PRIVILEGE(S) OR VEHICLE REGISTRATION(S) FOR FAILURE TO MAINTAIN FINANCIAL RESPONSIBILITY ON THE CURRENTLY REGISTERED VEHICLE FOR THE PERIOD OF REGISTRATION. I/WE FURTHER ACKNOWLEDGE THAT I/WE MAY BE SUBJECT TO A FINE NOT EXCEEDING $5,000 AND IMPRISONMENT OF NOT MORE THAN TWO (2) YEARS FOR ANY FALSE STATEMENT THAT I/WE MAKE ON THIS FORM, AND I/WE CERTIFY THAT I/WE HAVE EXAMINED AND SIGNED THIS FORM AFTER ITS COMPLETION; AND, THAT, IF AN EXEMPTION FROM PAYMENT OF SALES TAX IS CLAIMED, I AM/WE ARE AUTHORIZED TO CLAIM THIS EXEMPTION. I/WE FURTHER CERTIFY THAT ALL STATEMENTS HEREIN ARE TRUE AND CORRECT AND MAKE APPLICATION FOR CERTIFICATE OF TITLE FOR THE VEHICLE DESCRIBED IN BLOCK A.

SUBSCRIBED AND SWORN TO BEFORE ME: MO. 01 DAY 05 YEAR 00

SIGNATURE OF PERSON ADMINISTERING OATH [signature]

SIGNATURE OF INDIVIDUAL OR AUTHORIZED SIGNER [redacted]

SIGNATURE OF CO-OWNER/TITLE OR AUTHORIZED SIGNER [redacted]

SEAL

SIGN IN PRESENCE OF NOTARY

TELEPHONE [redacted]

If your registration documents are not received within 60 days, please contact PennDot.

MESSENGER NUMBER:

I. TAX / FEES

PURCHASE PRICE (See note on reverse)	19787.00
LESS TRADE-IN	7787.00
TAXABLE AMOUNT	12000.00
X 6% (.06) SALES TAX *X 7% (.07) *(See note on reverse)	720.00
LESS TAX CREDIT	•
1. SALES TAX DUE	720.00
1A. Exemption Reason Code (must be a number from 1 to 26 or 0)	
1B. EXEMPTION NO.	
2. TITLE FEE	22.50
3. LIEN FEE	5.00
4. REGISTRATION OR PROCESSING FEE	•
Fee Exempt Number as assigned by the Bureau	
5. DUPLICATE REG. FEE NO. OF CARDS ____	•
6. TRANSFER FEE	6.00
7. INCREASE FEE	•
8. REPLACEMENT FEE	•
9. TOTAL PAID (ADD 1 THRU 8) *Send One Check In This Amount* →	753.50

3 APPLICANT'S COPY/TEMPORARY