



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

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Repository

Reference No.
10892605

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
 Address: [REDACTED]
 City: DALEVILLE State: AL Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
 Evening Telephone Number: [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: 2G1FB1E1VGA9 [REDACTED]
 Make: CHEVROLET Model: CAMARO Model Year: 2010
 Date Purchased: Aug 2013 Dealer's Name and Telephone Number: Bondys Ford
 Engine: 3.6L No: Cylinders: 6 Fuel Type: GAS
 Original Owner: Dealer's City: Dothan State: AL Zip Code: 36301
 Transmission Type: Auto Antilock Brakes: Cruise Control: Powertrain: 3.6L V6 Multiple Failure: Incident Date(s): 20-JUL-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 100000 POWER TRAIN, 060000 ENGINE (PWS) Failure Mileage: 76000 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): 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: Yes No Fire: Yes No
 Number of Persons Injured: Number of Deaths: 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 2010 CHEVROLET CAMARO. WHILE ACCELERATING AT LOW SPEEDS, THE VEHICLE BARELY ACCELERATED AND THE CHECK ENGINE LIGHT ILLUMINATED. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHERE IT WAS DIAGNOSED THAT THE METAL TIMING CHAIN DAMAGED THE PLASTIC TIMING GEARS. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED. THE VIN WAS UNKNOWN. THE FAILURE MILEAGE WAS 76,000.

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.