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-NOV-2016<br>JAN 24 2017 | Reference No.<br>10924976 |

## OWNER INFORMATION (Type or Print)

| Name | | Daytime Telephone Number | E-mail Address |
|---|---|---|---|
| Address | | Evening Telephone Number | |
| City: FORT LAUDERDALE | State: FL | Zip Code: | |

*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 |
|---|---|---|---|
| ZAM57RTA4E1 | MASERATI | GHIBLI | 2014 |

| Date Purchased | Dealer's Name and Telephone Number | | | Engine: No: Cylinders | Fuel Type: |
|---|---|---|---|---|---|
| Original Owner ☐ | Dealer's City | State | Zip Code | | |

| Transmission Type | ☐ Antilock Brakes<br>☐ Cruise Control | Powertrain | Multiple Failure: | Incident Date(s)<br>16-OCT-2016 |
|---|---|---|---|---|

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Vehicle Component Codes: 250000 ELECTRONIC STABILITY CONTROL, 010000 STEERING, 100000 POWER TRAIN | Failure Mileage<br>8000 | Failure Speed<br>45 |
|---|---|---|

## 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<br>☐ 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 | 1 | 0 | Y |

**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 OWNED A 2014 MASERATI GHIBLI. THE CONTACT STATED THE VEHICLE WAS INCLUDED IN A MANUFACTURERS RECALL FOR THE GEAR SHIFT LEVER FOR WHICH THEY RECEIVED THE REPAIR. THE CONTACT STATED THAT AFTER RECEIVING THE REPAIR, THE VEHICLE WOULD BEGAN TO DRIFT TO THE LEFT OR RIGHT WHENEVER DRIVING IN HIGHWAY SPEEDS. THE CONTACT ALSO NOTICED THAT THE LEFT SIDE OF THE VEHICLE WAS LOWER THAN THE RIGHT SIDE. THE CONTACT STATED THAT WHILE DRIVING AT 45 MPH, WHEN ANOTHER VEHICLE SUDDENLY MERGED IN FRONT CAUSING THE CONTACT TO STEER THEIR VEHICLE TO THE RIGHT IN ORDER TO AVOID A CRASH. WHEN TURNING THE STEERING WHEEL TO THE RIGHT, THE VEHICLE SUDDENLY DRIFTED LEFT. THE CONTACT ATTEMPTED TO GAIN CONTROL HOWEVER, THE VEHICLE SPUN AROUND AND CRASHED INTO A TREE. THE VEHICLE CAUGHT ON FIRE AND THE VEHICLE WAS TOWED AND DEEMED TOTALED. A POLICE REPORT WAS FILED. THE CONTACT RECEIVED NECK, HIP, AND LEG INJURIES THAT REQUIRED MEDICAL ATTENTION. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 8,000.

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

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

DIFFERENT WHEEL/FENDER HIGH CREATED AFTER STRUT TOWER CAMPAIGN AND COIL SPRING REPLACEMENT, ALSO VEHICLE CAUGHT ON FIRE DURING THE ACCIDENT AS A RESULT I WAS EXPOSED TO SMOKE INHALATION.

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,** NEF-100
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