

OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

**From:** [DataQuality, DataQuality \(NHTSA\)](#)  
**To:** [EVOQ \(NHTSA\)](#)  
**Subject:** FW: 11326066.pdf  
**Date:** Monday, January 25, 2021 2:20:32 PM  
**Attachments:** [REDACTED]

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**From:** [REDACTED]  
**Sent:** Monday, January 25, 2021 1:47 PM  
**To:** DataQuality, DataQuality (NHTSA) <DataQuality@dot.gov>  
**Subject:** 11326066.pdf

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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 <input type="checkbox"/>
26-MAY-2020	Reference No. 11326066

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City	State	Zip Code
AMARILLO	TX	
	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 1G1ZK57748F	Make CHEVROLET	Model MALIBU	Model Year 2008
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:
			Incident Date(s) 11-MAY-2020

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 980000 UNKNOWN OR OTHER, 110000 ELECTRICAL SYSTEM	Failure Mileage 141237	Failure Speed 0
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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).

THE VEHICLE STARTS RIGHT UP WHEN IT HAS NOT BEEN RUNNING. IF I DRIVE THE CAR FOR MORE THAN 20-30 MINUTES AND SHUT THE CAR OFF THE VEHICLE WILL NOT CRANK OR START. I HAVE TO WAIT FOR AT LEAST AN HOUR OR LONGER BEFORE THE VEHICLE STARTING AGAIN. NO MECHANIC HAS BEEN ABLE TO FIGURE THE PROBLEM OUT. I HAVE HAD THE STARTER CHANGED, THE BATTERY AND ALTERNATOR CHECK OUT GOOD.

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.