



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
 Date Received _____
 RECEIVED: _____
 AM 8:52
 Reference No. _____

POSTED
QC'd
556019

OWNER INFORMATION (Type or Print)

Name: [Redacted]
 State: [Redacted]
 City: [Redacted]

OFFICE INVESTIGATION

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 10/2/00

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) 1G1MD5ZT0WY120883		Make Chevy	Model MALIBU	Year 98
Purchased Date 8/15/98	Dealer's Name John Tochem	Engine Size (CID/OCL) No. Cylinders 4	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City John Stuart	State FL	Zip Code	
Manufacture Date (on driver's door or pillar) 9-97	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) TIRES	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand Firestone	Tire Name AFFINITY	Complete Tire Size 225/60/15
No. of Failures 2	Date(s) of Failure(s) 3-10-99 - (2) 7-30-99	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mileage at Failure(s):		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Speed at Failure(s):		

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer <input type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

1) BREAK IN TIRE WALL - HAD TO BE EXCHANGED
 2) TIRE BLOWN OUT - 60-70 mph - TREAD
 Separation from Tire - NO INJURY -
 ALL TIRES out of Round -

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7862