



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

JUL 14 2004

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Gay P. Kent, Director
Product Investigations, Structure and Safety Integration
General Motors Corporation
Mail Code 480-106-304
30500 Mound Road
Warren, MI 48090-9055

NVS-212MBS
RQ04-006

Dear Ms. Kent:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened a Recall Query (RQ04-006) to investigate allegations of windshield wiper failures in 1997-1998 Chevrolet Malibu and Oldsmobile Cutlass vehicles manufactured by General Motors Corporation (GM), and to request certain information.

This office has received 16 reports alleging the windshield wipers failed while in use on the above noted vehicles in states that were not included in GM's recall (01014) of these vehicles for windshield wiper pivot housing cracking. Most of the reports indicate that the "pivot housing" or "linkage" needed to be replaced to repair the vehicle. A copy of each of the reports and GM's March 1, 2001 Defect Report is enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject vehicles:** all 1997-1998 Chevrolet Malibu and Oldsmobile Cutlass manufactured for sale or lease in the United States.
- **Subject component:** all windshield wiper pivot housing manufactured for the subject vehicles.
- **GM:** General Motors Corporation, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of GM (including all business units and persons previously referred to), who are or, in or after



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888-DASH-2-DOT
888-327-4238

1993, were involved in any way with any of the following related to the alleged defect in the subject vehicles:

- a. Design, engineering, analysis, modification or production (e.g. quality control);
 - b. Testing, assessment or evaluation;
 - c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
 - d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.
- **Alleged defect:** any failure, degradation, or otherwise unsatisfactory performance of the windshield wiper pivot, pivot housing, or any related components, that cause the windshield wipers to become inoperative.
 - **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by GM, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by GM or not.

If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as GM has previously provided a document to ODI, GM may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After GM's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. State, by model and model year, the number of subject vehicles GM has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date by GM, state the following:
 - a. Vehicle identification number (VIN);
 - b. Make;
 - c. Model;
 - d. Model Year;
 - e. Date of manufacture;
 - f. Date warranty coverage commenced; and
 - g. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Provide the table in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DATA."

2. State the number of each of the following, received by GM, or of which GM is otherwise aware, which relate to, or may relate to, the alleged defect in the subject vehicles:
 - a. Consumer complaints, including those from fleet operators;
 - b. Field reports, including dealer field reports;
 - c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that

- a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
- d. Property damage claims; and
 - e. Third-party arbitration proceedings where GM is or was a party to the arbitration; and
 - f. Lawsuits, both pending and closed, in which GM is or was a defendant or codefendant.

For subparts "a" through "d" state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "d", provide a summary description of the alleged problem and causal and contributing factors and GM's assessment of the problem, with a summary of the significant underlying facts and evidence. For item "e" and "f" identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
 - a. GM's file number or other identifier used;
 - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
 - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
 - d. Vehicle's VIN;
 - e. Vehicle's make, model and model year;
 - f. Vehicle's mileage at time of incident;
 - g. Incident date;
 - h. Report or claim date;
 - i. Whether a crash is alleged;
 - j. Whether property damage is alleged;
 - k. Number of alleged injuries, if any; and
 - l. Number of alleged fatalities, if any.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER TWO DATA."

4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method GM used for organizing the documents.
5. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by GM to date that relate to, or may relate to, the alleged defect in the subject vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and

warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. GM's claim number;
- b. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Replacement part number(s) and description(s);
- j. Concern stated by customer; and
- k. Comment, if any, by dealer/technician relating to the claim and/or repair.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA."

6. Describe in detail the search criteria used by GM to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by GM on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) that GM offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.
7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that GM has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that GM is planning to issue within the next 120 days.
8. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for, GM. For each such action, provide the following information:
 - a. Action title or identifier;
 - b. The actual or planned start date;
 - c. The actual or expected end date;
 - d. Brief summary of the subject and objective of the action;

- e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and
- f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

9. Describe all modifications or changes made by, or on behalf of, GM in the design, material composition, manufacture, quality control, supply, or installation of the subject component, from the start of production to date, which relate to, or may relate to, the alleged defect in the subject vehicles. For each such modification or change, provide the following information:
 - a. The date or approximate date on which the modification or change was incorporated into vehicle production;
 - b. A detailed description of the modification or change;
 - c. The reason(s) for the modification or change;
 - d. The part numbers (service and engineering) of the original component;
 - e. The part number (service and engineering) of the modified component;
 - f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
 - g. When the modified component was made available as a service component; and
 - h. Whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that GM is aware of which may be incorporated into vehicle production within the next 120 days.

10. State the number of each of the following that GM has sold that may be used in the subject vehicles by component name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of:
 - a. Subject component; and
 - b. Any kits that have been released, or developed, by GM for use in service repairs to the subject component/assembly.

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number) Also identify by make, model and model year, any other vehicles of which GM is aware that contain the identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

11. Furnish GM's assessment of the alleged defect in the subject vehicles, including:
 - a. The causal or contributory factor(s);
 - b. The failure mechanism(s);
 - c. The failure mode(s);
 - d. The risk to motor vehicle safety that it poses;

- e. What warnings, if any, the operator and the other persons both inside and outside the vehicle would have that the alleged defect was occurring or subject component was malfunctioning; and
- f. The reports included with this inquiry.

This letter is being sent to GM pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. GM's failure to respond promptly and fully to this letter could subject GM to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If GM cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, GM does not submit one or more requested documents or items of information in response to this information request, GM must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

GM's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by August 31, 2004. Please refer to RQ04-006 in GM's response to this letter. If GM finds that it is unable to provide all of the information requested within the time allotted, GM must request an extension from me at (202) 366-5218 no later than five business days before the response due date. If GM is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information GM then has available, even if an extension has been granted.

If GM claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, GM must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, as amended (68 Fed. Reg. 44209 et seq; July 28, 2003), to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. GM is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.


If you have any technical questions concerning this matter, please call Mark Swanson of my staff at (202) 366-7020.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas Z. Cooper". The signature is fluid and cursive, with a large initial "T" and "C".

Thomas Z. Cooper, Chief
Vehicle Integrity Division
Office of Defects Investigation

Enclosure 1, 16 Vehicle Owner's Questionnaires, March 1, 2001 Defect Report

 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 100184	
	Name _____ Address _____ City <u>SPENCER</u> State <u>NC</u> Zip Code _____		Date Received 30-APR-2004	Repository <input type="checkbox"/> Reference No. 10071935
OWNER INFORMATION (Type or Print)		Daytime Telephone Number _____ Evening Telephone Number _____	E-mail Address _____	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date <u>4/30/04</u>				
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G3NGS2M9W		Make OLDSMOBILE	Model CUTLASS	Model Year 1998
Date Purchased _____	Dealer's Name and Telephone Number _____		Engine: No. Cylinders _____	Fuel Type: _____
Original Owner <input checked="" type="checkbox"/>	Dealer's City _____	State _____	Zip Code _____	
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain _____	Vehicle Component Code 135000 VISIBILITY: WINDSHIELD WIPER/WASHER Multiple Failures: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s) 20-APR-2004	Failure Mileage 71000	Failure Speed 30		
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) _____	<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				
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>				
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	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 (e.g., parts repaired or replaced (and if old part is available)).				
WHILE DRIVING AT 30 MPH ON A DOWNY POUR, THE WINDSHIELD WIPERS STOPPED WORKING. THE WIPERS BEGAN TO WORK OUT OF SYNC AND ENDED CROSSED UP ON THE WINDSHIELD. HAD TO REPLACE THE WIPER TRANSMISSION. NO RECALL NOTICE WAS RECEIVED. *1A				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY				
<small>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 to 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.</small>				



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 200148

Date Received 17-MAR-2004	Repository <input type="checkbox"/>
	Reference No. 10052439

OWNER INFORMATION (Type or Print)

Name LINDA M DUNFORD

Address 14601 GILLIGAN'S WAY, #3

City TAMPA State FL Zip Code 33613

Daytime Telephone Number [REDACTED] Email Address [REDACTED]

Evening Telephone Number [REDACTED]

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 _____ Date 3/17/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G1ND52T3

Make CHEVROLET Model MALIBU Model Year 1997

Date Purchased 24-JUL-99 Dealer's Name and Telephone Number _____

Original Owner Dealer's City _____ State _____ Zip Code _____

Engine: No: Cylinders _____ Fuel Type: Gas

Transmission Type AUTOMATIC Antilock Brakes Cruise Control

Powertrain FRONT WHEEL DRIVE

Vehicle Component Code 137300 VISIBILITY:REAR WINDOW WIPER/WASHER:LINKAGES

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) <u>17-MAR-2004</u>	Failure Mileage <u>109482</u>	Failure Speed <u>70</u>
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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: 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>0</u>	Number of Deaths <u>0</u>	Reported to Police <u>N</u>
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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).

WHILE TRAVELING ON A BUSY INTERSTATE IN VERY HEAVY RAINS AND RUSH HOUR TRAFFIC, I HEARD A LOUD NOISE AND THEN MY WIPERS WERE STOPPED & CRISS-CROSSED IN FRONT OF ME. I FELT EXTREMELY LUCKY TO GET OFF THE HIGHWAY, WITHOUT CAUSING A WRECK. LATER, I FOUND OUT THAT THERE WAS A KNOW DEFECT ON THE WIPER PIVOTS FOR MY MODEL CAR. BUT REGARDLESS, THE RECALL WASN'T ANY GOOD FOR MY STATE. I DON'T UNDERSTAND THE LOGIC BEHIND THIS... IF A PART IS DEFECTIVE- IT IS DEFECTIVE. THE RECALL WAS ONLY EFFECTIVE FOR CERTAIN 'SALT-BELT' STATES, OF WHICH MY STATE ISN'T INCLUDED. I DID HOWEVER LIVE IN ONE OF THESE SALT-BELT STATES FOR SEVERAL YEARS (WITH THIS CAR). BUT WHETHER YOUR CAR IS REGISTERED IN ONE OF THOSE STATES OR NOT YOU COULD HAVE A LOT OF USE OF THE WIPERS. BETWEEN HURRICANE SEASON AND THE RAINY SEASON IN FLORIDA, WIPERS GET A WHOLE LOT OF USE DOWN HERE TOO. *NM

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 to 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.



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 100145

Date Received

28-FEB-2004

Repository

28
Reference No.
10059840

OWNER INFORMATION (Type or Print)

Name

Address

City

MIAMI

State

FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

In the absence of an authorized NHTSA VIN, DOT identify your name or address to the vehicle manufacturer.

Signature of Owner

Date 3/25/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

PLEASE FILL IN

1G1ND52M5V

Make

CHEVROLET

Model

MAIL, BU

Model Year

1997

Date Purchased

1997

Dealer's Name and Telephone Number

Engine:

No. Cylinders V-6

Fuel Type:

Original Owner

Dealer's City

ST. LOUIS

State

MO

Zip Code

63008

Transmission Type

Automatic

Antilock Brakes

Cruise Control

Powertrain

V-6

Vehicle Component Code

136300 VISIBILITY: WINDSHIELD WIPER/WASHER; LINKAGES

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

25-JAN-2004

Failure Mileage

87000

Failure Speed

65

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: DOTM16ABC03R)

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

0

Number of Deaths

0

Reported to Police

M

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).

WINDSHIELD WIPER LINKAGE FAILED. A RECALL HAS BEEN ISSUED; HOWEVER, THIS VEHICLE WAS NOT COVERED BY THE RECALL DUE TO VIN. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

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 to 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.



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 100184

Date Received
02-FEB-2004
Repository
Reference No.
10057293

OWNER INFORMATION (Type or Print)

Name _____ Daytime Telephone Number _____ E-mail Address _____
Address _____
City EVANSTON State AZ Zip Code _____ Evening Telephone Number _____

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 _____ Date 1 / 1 / _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: PLEASE PROVIDE _____
Make CHEVROLET Model MALIBU Model Year 1998
Date Purchased _____ Dealer's Name and Telephone Number _____ Engine: _____ Fuel Type: _____
Original Owner Dealer's City _____ State _____ Zip Code _____ No: Cylinders _____
Transmission Type: Antilock Brakes Powertrain _____ Vehicle Component Code: 136300 VISIBILITY:WINDSHIELD WIPER,WASHER:LINKAGES
 Cruise Control _____ Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 12-NOV-2003 Failure Mileage 70000 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 Prbr Regal 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), cause(s), and injury(ies).)

Crash Yes No Fire Yes No
Number of Persons Injured 0 Number of Deaths 0 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 (e.g., parts repaired or replaced (and if old part is available)).

THE WINDSHIELD WIPERS FAILED BECAUSE THE WINDSHIELD WIPER LINKAGE NEEDED TO BE REPLACEMENT. THERE IS A RECALL BEING CONDUCTED FOR THIS PROBLEM, BUT THE CONSUMER'S VEHICLE IS NOT A PART OF IT. RECALL NO. #01V068000, WINDSHIELD WIPER LINKAGE. *NM

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 to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should be taken appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a variation/summary thereof, may be used in support of the agency's action.



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 100192

Date Received

16-JAN-2004

Repository

Reference No.
10055310

OWNER INFORMATION (Type or Print)

Name

Address

City

OLATHE

State

KS

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G1ND52M0W

Make

CHEVROLET

Model

MALIBU

Model Year

1998

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

Powertrain

Cruise Control

Vehicle Component Code

136000 VISIBILITY:WINDSHIELD WIPER/WASHER

Multiple Failures: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)

Failure Mileage

90000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

The Model (Name or Number)

The Size (Example P215/65R15)

DOT No. (Example: DOTM13ABC036)

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).

THE VEHICLE WAS EXPERIENCING A PROBLEM WITH THE HOUSING OF THE WINDSHIELD WIPERS AND AS A RESULT THE WIPERS DID NOT MOVE AT ALL. ALTHOUGH THIS DEFECT WAS ON RECALL THE CONSUMER'S VEHICLE WAS NOT INCLUDED DUE TO VIN. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. *NM

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 to this questionnaire. Your responses 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.

 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 (1-888-327-4235) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 9999999	
	Date Received 15-JAN-2004		Repository <input type="checkbox"/> Reference No. 10070049	
OWNER INFORMATION (Type or Print)				
Name			Daytime Telephone Number	
Address			E-mail Address	
City	State	Zip Code	Evening Telephone Number	
EDEN	NC			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.				
Signature of Owner _____ Date: 1 / 1				
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year
2G1NES2M9W		CHEVROLET	MALIBU	1998
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 AUTOMATIC	<input type="checkbox"/> Anti-lock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 98000 OTHER	
Multiple Failure:				
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s)	Failure Mileage	Failure Speed		
15-FEB-2003	138000			
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)	<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
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).				
HARSH WINTER OF 2003 WITH UNUSUAL BUILDUP OF SNOW/ICE IN NORTH CAROLINA HAS RESULTED IN FAILURE OF THE PASSENGER SIDE WINDSHIELD WIPER PIVOT HOUSING AND/OR RELATED PARTS OF MY DAUGHTER'S 98 CHEV. MALIBU. CHEVY DEALERS REFUSE TO HELP REPAIR AS A RECALL, BECAUSE THE RECALL IS LIMITED TO GEOGRAPHIC REGIONS, AND CLOSEST STATE IS OUR NEARBY NEIGHBOR WEST VIRGINIA (WHERE, OF COURSE, OUR NC RESIDENTS NATURALLY TRAVEL REGULARLY DURING THE WINTER FOR THE SPORT OF WINTER SKIING). PART COST HAS BEEN QUOTED AS \$137, THOUGH I HAVEN'T YET DETERMINED IF I HAVE THE TOOLS/CAPABILITY TO REPAIR MYSELF. UNFORTUNATELY, THIS CAUSES THE VEHICLE TO BE CURRENTLY NOT DRIVABLE IN INCLEMENT WEATHER.				
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 to 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.				



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 100145

Date Received

15-DEC-2003

Repository

Reference No.
10050527

OWNER INFORMATION (Type or Print)

Name

Address

City

BERRYTON

State

KS

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make
CHEVROLET

Model
MALIBU

Model Year
1998

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

Powertrain

Cruise Control

Vehicle Component Code

136200 VISIBILITY:WINDSHIELD WIPER/WASHER:MOTOR

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

13-DEC-2003

Failure Mileage

90000

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: DOTM19A8C036)

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

0

Number of Deaths

0

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).

WINDSHIELD WIPER MOTOR FAILED. RECALL 01V068000 WAS ISSUED; HOWEVER, THIS VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO VIN *AK

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 to 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.



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 11-DEC-2003	Repository <input type="checkbox"/>
	Reference No. 10049566

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: PENSACOLA State: FL Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Evening Telephone Number: [REDACTED]

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: _____ Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G1NE52MGW [REDACTED]	Make CHEVROLET	Model MALIBU	Model Year 1999
Date Purchased 22-OCT-99	Dealer's Name and Telephone Number		Engine: No. Cylinders 6
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain UNKNOWN	Vehicle Component Code L36300 VISIBILITY:WINDSHIELD WIPER/WASHER:LINKAGES
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 09-DEC-2003	Failure Mileage 82016	Failure Speed 55
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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: DOTM19ABC036)	<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).

WINDSHIELD WIPER LINKAGE SYSTEM CRACKED WHILE IN USE DURING A HEAVY RAIN CAUSING BOTH WIPERS TO FAIL. I WAS ON INTERSTATE 65 TRAVELING AT 55MPH. VISIBILITY AFTER THE INCIDENT DIMINISHED TO APPROX 20-30 FEET. I WAS ABLE TO KEEP THE CAR UNDER CONTROL AND PULL TO THE ROADSIDE. *HOWEVER I DON'T THINK AN INEXPERIENCED DRIVER WOULD HAVE BEEN SO LUCKY UNDER THOSE CONDITIONS. WEATHER, SPEED, TRAFFIC... I SEARCHED FOR ANY RECALL NOTICES FROM CHEVY ON THIS AND FOUND ONE, 01V058000. WHY WASN'T MY STATE LISTED IN THE GROUP TO NOTIFY? THERE IS A REAL DANGER IN THE PLASTIC DESIGN OF THE WIPER MOUNT. PLEASE TAKE ANOTHER LOOK AT THE DEFECT IN THE DESIGN AND HAVE CHEVY NOTIFY ALL OF US MALIBU OWNERS OF THE POTENTIAL FOR DANGER... THANK YOU PHUECIA PARTAIN

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 to 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.



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

FDR AGENCY USE ONLY 100079

Date Received

Repository

02-SEP-2003

Reference No.
10038007

OWNER INFORMATION (Type or Print)

Name

Address

City SAINT LOUIS

State MO

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date 9/2/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make:
CHEVROLET

Model:
MALIBU

Model Year:
1998

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
 Cruise Control

Powertrain

Vehicle Component Code

136200 VISIBILITY:WINDSHIELD WIPER/WASHER:MOTOR

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
02-SEP-2003

Failure Mileage

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: DOTMALBABC036)

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).

INTERMITTENTLY PASSENGER'S SIDE WINDSHIELD WIPERS BECAME INOPERABLE, OBSTRUCTING DRIVER'S AND PASSENGER'S VIEWS. *AK

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 to this questionnaire. Your responses 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.



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

24-JUL-2003

Repository

Reference No.
10029133

OWNER INFORMATION (Type or Print)

Name

Address

City PORTLAND

State OR

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date 7/24/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G1ND52T6V

Make
CHEVROLET

Model
MALIBU

Model Year
1997

Date Purchased
14-APR-97

Dealer's Name and Telephone Number

Engine:
No: Cylinders 4

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
136300 VISIBILITY:WINDSHIELD WIPER/WASHER: LINKAGES

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
22-JUL-2003

Failure Mileage

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

0

Number of Deaths

0

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).

SEP.6 2001 & JULY 22, 2003 RECALL WINDSHIELD WIPER PIVOT HOUSING—DEALER SAID I DIDN'T NEED THE RECALL REPLACED AND MERCY FROM G. M. SAID TAKE THE CAR IN ON THAT RECALL STILL NO WORK ON WIPER PIVOT HOUSING—LOTS OF PROBLEMS WITH THIS LOW MILEAGE CAR—32610.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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 to 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.

 U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-8393 DC METRO AREA (202) 386-0123	FOR AGENCY USE ONLY	
	Date Received 03 MAR 14 PM 4:29		Color _____ H-ht _____ SS-1 _____ up-1r _____ Reference No. 10011891
OWNER INFORMATION (Type or Print)			
Name _____ Street _____ City HOLIDAY State FL Zip Code _____		Day Time Telephone Number _____	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date 2.12.03	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 161ND52M5W	Vehicle Make 1998 Chev.	Vehicle Model MALIBU	Vehicle Year 1998
Current Odometer Reading 118742		Purchase Date 11-19-99	Dealer's Name LOKEY HONDA SUZUKI
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City Clearwater State FL Zip Code 33764	Engine Size (CID/CCA) No. Cylinders 6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Body Style <input type="checkbox"/> Hatch Back <input type="checkbox"/> Van <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> 2-Door		
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 13	Part Name(s) Water pump + belt, front Brake belt, Rear Brake, Alternator, Pulley in gear, Brake Master Cylinder	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No. of Failures 13	Date(s) of Failure(s) 11-19-99, 1-8-00, 2-20-01, 1-20-02	Mileage at Failure(s) 27,845, 40,179, 107,331, 124,956	Manufacturer Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
APPLICABLE ACCIDENT INFORMATION (Use reverse side for more detailed information)			
Accident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Persons Injured 0	Number of Fatalities 0
Estimated Property Damage 0		Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)			
To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters). Note: This information not required for normal operation tires.			
DOT _____	Manufacturer _____	Tire Name _____	Size _____
TIRE SIZE		U.S. DOT safety standard code The number may be on the inner side of the tire and have up to 11 letters and numbers. Usually located near rim flange on side opposite whitewall or on either side of blackwall tire.	
TIRE NAME		TIRE MANUFACTURER	
			
The Privacy Act of 1974—Public Law 93-578 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 to 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, through its 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 Failure(s), Accident(s), and Injury(ies)

DATE OF FAILURE	1-4-02	3-13-02	4-10-02
(Mileage of Failures)	125,760	133,964	134,100
DATE OF FAILURE	10-3-02	11-12-02	
Mileage of Failures	166,409	173,527	

There is something wrong with the odometer when I went to trade it in last month the Chevrolet Dealer said I had 182,909 miles. I was told by friend it was digital it was reading 18,290. Last number is tenth. But still the dealer I went to say the same 182,909. The last number is not tenth. If the last digit is not tenth then the odometer is not right. Also brake pads + rotor gung when I bought the car Dimit Auto Dealer said my rotor

Fold to show Return Address (no stamp needed) Fasten with tape or staple and seal

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 400 Seventh St., S.W.
 Washington, D.C. 20590
 Official Business
 Penalty for Private Use \$300



NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES

BUSINESS REPLY MAIL
 FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 Auto Safety Hotline, NEF-11 HL
 400 7th Street, SW.
 Washington, DC 20590



Were WARP. I bought A lemon
For \$19,000.00.





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 258

Date Received
23-SEP-2002
Repository
Reference No.
767595

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City OKEMAH State OK Zip Code _____
Daytime Telephone Number _____ E-mail Address _____
Evening Telephone Number _____

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 _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G1ND52T9V Make CHEVROLET Model MALIBU Model Year 1997
Date Purchased 01-AUG-02 Dealer's Name and Telephone Number _____ Engine: No: Cylinders _____ Fuel Type: Gas
Original Owner Dealer's City _____ State _____ Zip Code _____
Transmission Type _____ Antilock Brakes Powertrain FRONT WHEEL DRIVE Vehicle Component Code 136200 VISIBILITY:WINDSHIELD WIPER/WASHER: MOTOR
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 19-SEP-2002 Failure Mileage _____ Failure Speed 65

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: D0THALSBC136) 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).

DURING RAINSTORM AT NIGHT TRAVELING ON LIGHT ROAD WITH LIGHTS OUT ON POLES DUE TO LIGHTNING STRIKE, CARS WINDSHIELD WIPERS SUDDENLY STOPPED WORKING AT HIGH RATE OF SPEED WITH A DOWN POUR OF RAIN THAT WAS HARD TO SEE IN ANYWAY. THE PASSENGER SIDE WIFE TRANSMISSION ASSEMBLY BROKE CAUSING THE DRIVERS SIDE WIPER TO NOT WORK EITHER SINCE THE PASSENGER SIDE IS DESIGNED TO RUN BOTH. THE PART WAS MADE OF PLASTIC AND SEEM TO BE DESIGNED FOR FAILURE AS ANYONE KNOWS PLASTIC ONCE HEATED AND COOLED THRU SEASONS WILL BREAK. THE POTENTIAL HAZARD COULD HAVE BEEN MANY DEATHS AS THE DRIVING WAS IN A LARGE CITY WITH HIGH TRAFFIC HAD NOT I BEEN ABLE TO GRADUALLY SLOW DOWN DUE TO A CURB BEING ON THE SIDE OF THE ROAD THAT ALLOWED ME TO FEEL MY WAY DRIVING. NLM

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 to 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.



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
(1-888-827-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 254

Date Received	Repository <input type="checkbox"/>
01-JUN-2002	Reference No. 564289

OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	
Address		E-mail Address	
City	State	Zip Code	
FLAGSTAFF	AZ		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.			
Signature of Owner		Date	
		/ /	

VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model
		CHEVROLET	MALIBU
			Model Year
			1997
Date Purchased	Dealer's Name and Telephone Number		Engine:
			No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Fuel Type:
		Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	
	<input type="checkbox"/> Cruise Control	Vehicle Component Code	
		136300 VISIBILITY:WINDSHIELD WIPER/WASHER:LINKAGES	
		Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s)	Failure Mileage	Failure Speed	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE		
The Make	The Model (Name or Number)	The Size (Example: P215/65R15)
DOT No. (Example: DOTM4L9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
The Component Code		The 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			
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury/ies.)</i>			
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	

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 CONSUMER RECEIVED RECALL NOTICE 01V-068 FOR THE WINDSHIELD WIPERS, THE RECALL LISTED STATES WHICH WERE INCLUDED IN THE RECALL BUT THE CONSUMERS STATE WAS NOT LISTED THEREFORE THE CONSUMER TOOK NO IMMEDIATE ACTION, HOWEVER WHILE DRIVING IN A HEAVY SNOWSTORM THE VEHICLES WIPERS SUDDENLY CEASED TO FUNCTION, THE CONSUMER FEELS THIS RECALL SHOULD HAVE INCLUDED THE STATE IN WHICH HE LIVES. NLM

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 to 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.

Auto Safety Hotline		FOR AGENCY USE ONLY 258	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 368-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print)		Date Received	Ord. or r_ct pd_rt up_ltr
716811		21-SEP-2001	Reference No. 752455
MARYLAND HEIGHTS NO		Work Number	
		Home Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date _____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
1G1ND52M1V	CHEVROLET	MALIBU	1997
Purchase Date 01-MAY-1998	Dealer's Name _____	Engine Size (CID/CCL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <input checked="" 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"/> Other
			Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT (SPART(S)) INFORMATION			
Component 1031300G	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER LINKAGE-PIVOT-DRIVE AS	Location <input type="checkbox"/> Left <input type="checkbox"/> Front	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Date(s) of Failure(s) 03-SEP-2001 70000 Mileage at Failure(s) 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
PASSENGER SIDE PIVOT HOLDER WINDSHIELD WIPER WAS BROKE SO WE TOOK IT INTO THE DEALERSHIP-THEY SAID THE TRANMISSION WAS BROKE ON BOTH WIPERS-THERE SEEMS TO BE A RECALL ON THIS BUT ONLY IN CERTAIN STATES NOT IN MISSOURI. UNFAIR!AK			
CONTINUE ON BACK IF NEEDED			
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 to 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.			



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 386-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 820

Date Received

08-MAY-2001

 Del. or
rt_dt
ed_rt
up_itr

Reference No.

887738

OWNER INFORMATION (Type or Print)

691091

LIBERTY

MO

Work Number

Home Number

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

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G1NE52M5W	CHEVROLET	MALIBU	1998			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <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"/> Other <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10312000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date(s) of Failure(s) 28-FEB-2001 70923 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)


Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--------------------------------	---------------------------	--------------------------	--

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

FUSES FOR THE WINDSHIELD WIPERS CONTINUED TO BLOW. THEN, PASSENGER'S SIDE WINDSHIELD WIPER CRACKED AND BROKE, WHICH NECESSITATED THE REPLACEMENT OF WIPER TRANSMISSION ASSEMBLY. CONSUMER WAS INFORMED THAT THIS VEHICLE WAS NOT INCLUDED IN NHTSA RECALL 01V068000 DUE TO VIN. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. *AK

CONTINUE ON BACK IF NEEDED

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 to 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.

 U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 388-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 756	
	OWNER INFORMATION (Type or Print) <div style="text-align: right;">686695</div>	Date Received 17-APR-2001	Cd_dr _____ Ft_dr _____ Cd_m _____ Up_itr _____
MORIARTY	NM	Work Number _____ Home Number _____	

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

Signature of Owner _____

Date _____

VEHICLE INFORMATION

Vehicle Ident No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1G1ND52T7V	Vehicle Make CHEVROLET	Vehicle Model MALIBU	Vehicle Year 1997	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Tral <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10314000	Part Name(s) VEHICAL SYSTEMS:WINDSHIELD WIPER ARM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) 01-FEB-2001 Mileage at Failure(s) 48000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form.)

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 Fatalite	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	--------------------	--------------------------	--

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WINDSHIELD WIPER ARM BROKE. THERE IS A RECALL, BUT ONLY FOR VEHICLES IN SALT BELT STATES. THIS VEHICLE WAS NOT INCLUDED. *AK

CONTINUE ON BACK IF NEEDED

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 to 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.



GENERAL MOTORS NORTH AMERICA
Safety Integration

FEDERAL
CLARIFIED
OFFICE
DEFECTS INVESTIGATION

March 1, 2001

Mr. K. N. Weinstein
Associate Administrator for Safety Assurance
National Highway Traffic Safety Administration
400 Seventh Street, S.W., Room 5321
Washington, D.C. 20590

01V-068 (2)

Dear Mr. Weinstein:

The following information is submitted pursuant to the requirements of 49 CFR 573.5 as it applies to a determination by General Motors of a safety defect involving certain 1997 and 1998 Chevrolet Malibu and Oldsmobile Cutlass model vehicles.

573.5(c)(1): Chevrolet and Oldsmobile Divisions of the General Motors Corporation.

573.5(c)(2)(3)(4): This information is shown on the attached sheet.

573.5(c)(5): General Motors has decided that a defect which relates to motor vehicle safety exists in certain 1997 and 1998 Chevrolet Malibu and Oldsmobile Cutlass model vehicles. If a buildup of snow or ice restricts the movement of the passenger side wiper arm, the pivot housing can crack and the wipers will not operate. Reduced visibility in inclement weather could lead to a vehicle crash.

573.5(c)(6): The following chronology of principal events led to the determination of a defect:

- February 2000: General Motors received a PE from NHTSA regarding a windshield wiper condition.
- May - June 2000: Based on its investigation, GM responded to NHTSA and noted the specific situation that could result in a fracture of the pivot housing, the low number of incidents, no injury reports, and only one property damage accident, and a decline in the rate of warranty repairs.
- July 18, 2000: GM receives ODI Return upgrading the NHTSA investigation.
- August 16, 2000: Additional analysis requested to assess potential rate of occurrence and number of vehicles actually disabled during driving.
- December 2000: Elevated part sales reported for the month of November.
- January 16, 2001: Additional updates of warranty, part sales, and central file data to determine effect of December 2000 snow storms.
- February 23, 2001: The decision was made to conduct a safety recall.

Product Investigations

Mail Code: 480-108-304 • 30500 Mound Road • Warren, MI 48090-9055
Phone: (810) 896-8029 • Fax: (810) 847-2315
573LDoc



Letter to Mr. K. N. Weinstock
1994 - 01014
March 1, 2001
Page 2

01V-068 (2)

573.5(c)(8): General Motors plans to conduct a safety recall in 28 states and the District of Columbia that receive moderate to heavy snowfall, based on data from the National Climatic Data Center (see attached map based on data for major cities from <http://www.ncdc.noaa.gov/ol/climate/online/cod/snowfall.html>). States with moderate to high snowfall match well the states where there are substantial rates of warranty repairs and/or parts sales that could be related to this condition, (see warranty chart (based on labor operations N3640, N3641, N3647, and N3648), and parts sales chart (sales of windshield wiper transmission kit). The bulletins that GM has sent to dealers about the handling of vehicles outside a regional recall campaign area will apply to this regional campaign. The recall service procedure is included in the attached draft dealer campaign bulletin.

573.5(c)(9): General Motors will notify NHTSA when parts are available and the campaign mailing dates are determined. Draft copies of the owner letter and the dealer bulletin are attached.

Sincerely,


Frank C. Sorye, Jr.
Director
Product Investigations

1994 / 01014
Attachments

OIV-068 (2)

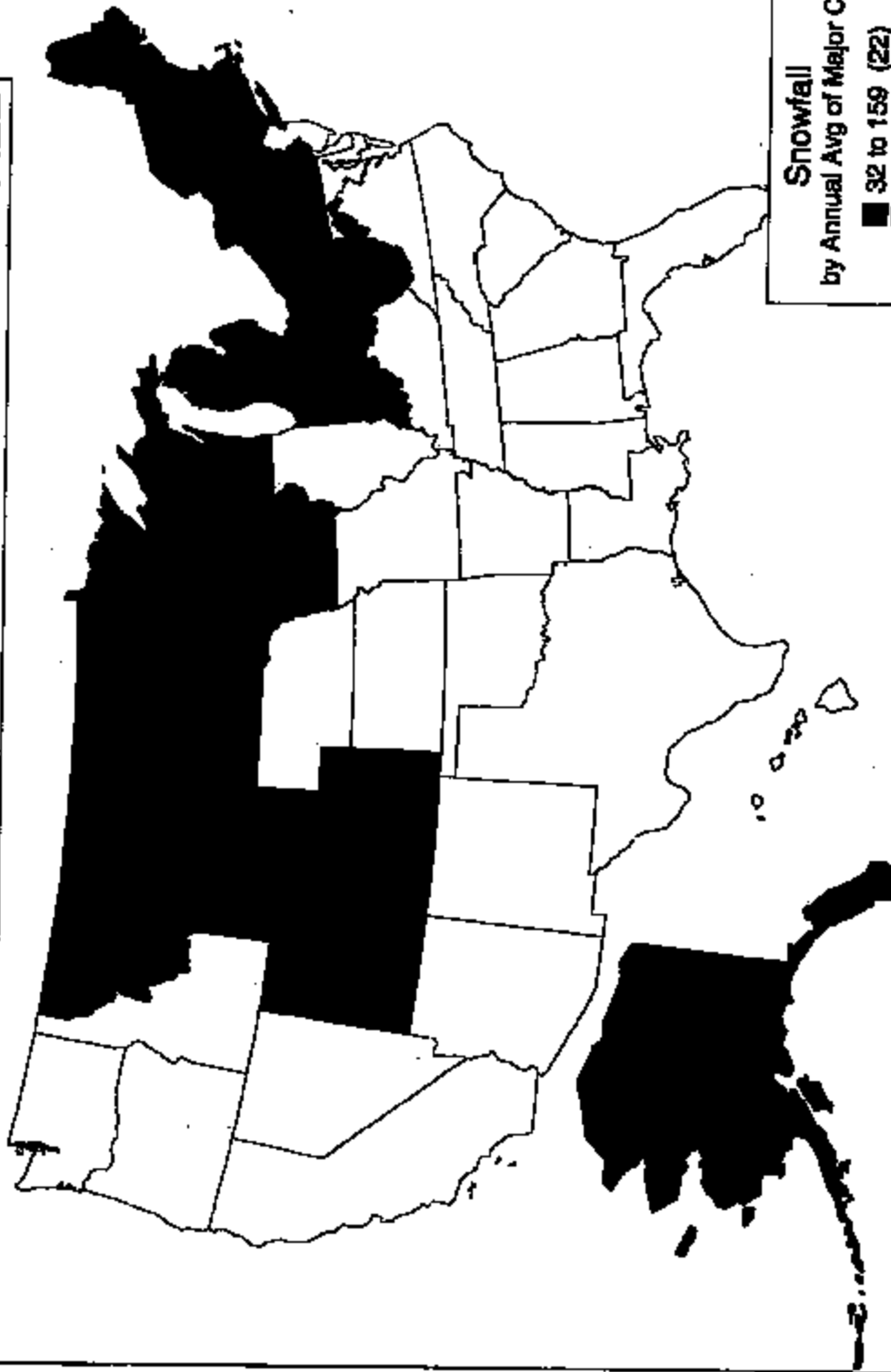
573.5(1)(2), (3), (4)

VEHICLES POTENTIALLY AFFECTED BY MAKE, MODEL, AND MODEL YEAR
PLUS INCLUSIVE DATES OF MANUFACTURE

MAKE	MODEL SERIES	MODEL YEAR	NUMBER INVOLVED	INCLUSIVE MANUFACTURING DATES		DESCRIPTIVE INFO. TO PROPERLY IDENT. VEH.	EST. NO. W/CONDITION
				(FROM)	(TO)		
Chevrolet	N	1997	51,373	1/96	7/97	Malibu	* Unknown
Chevrolet	N	1998	54,571	8/97	1/98	Malibu	
Oldsmobile	N	1997	10,114	1/98	7/97	Cutless	
Oldsmobile	N	1998	13,259	8/97	1/98	Cutless	
Grand Total:			129,427				

1994/01014

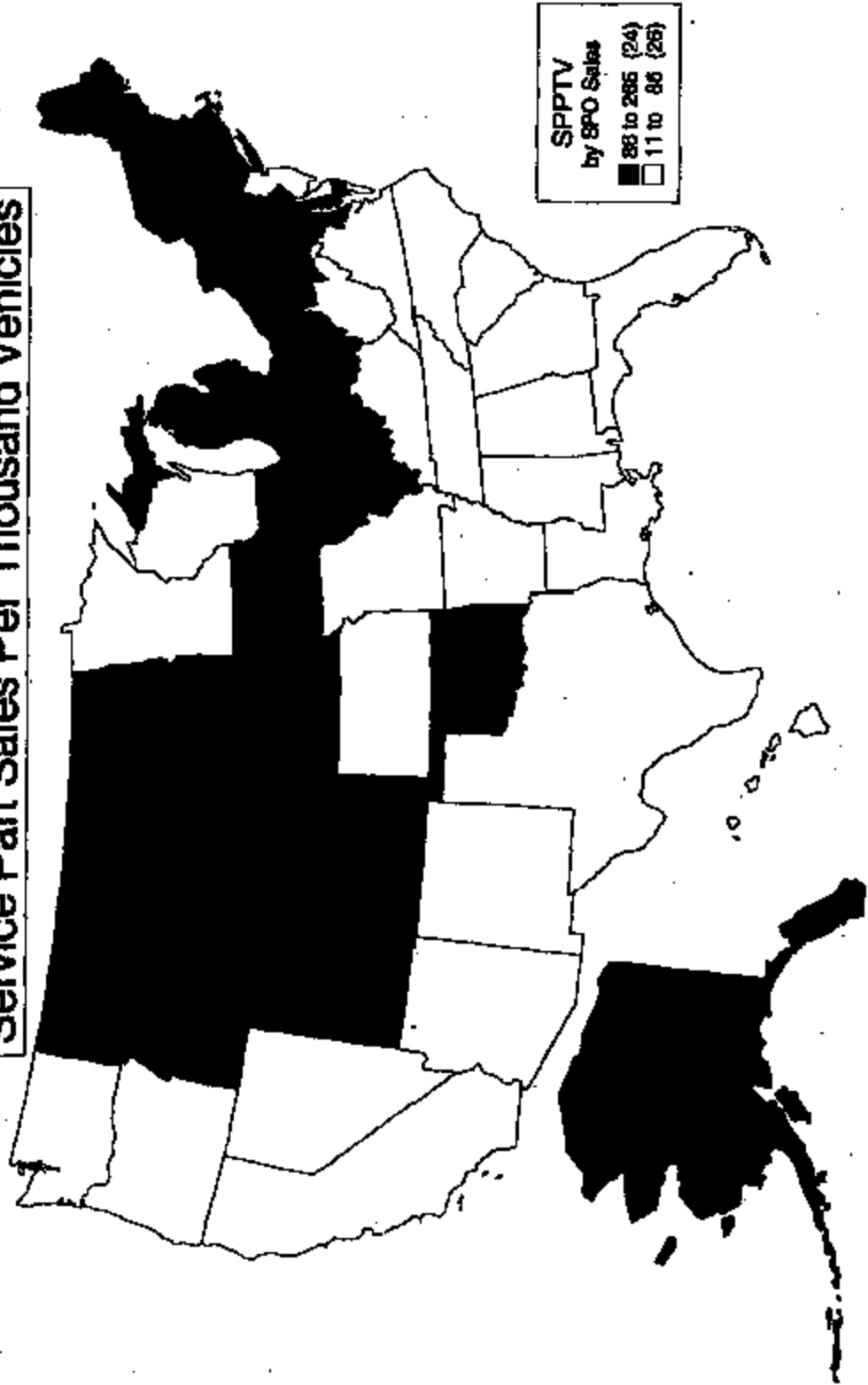
AVERAGE OF MAJOR CITY SNOWFALL



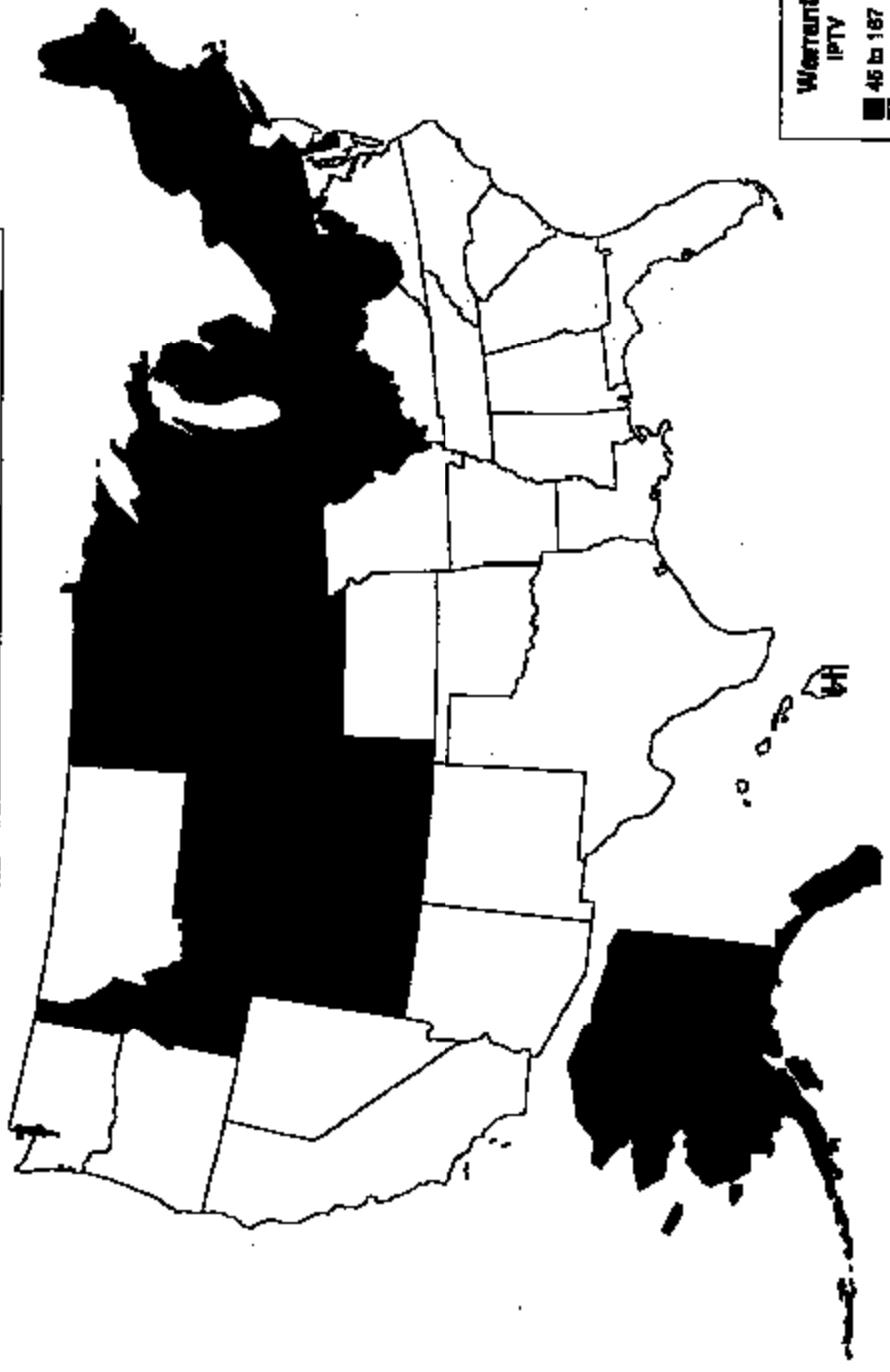
Snowfall
by Annual Avg of Major City

■	32 to 159 (22)
□	0 to 32 (29)

Service Part Sales Per Thousand Vehicles



WSW IPTV by STATE



Warranty	IPTV
■	46 to 167 (28)
□	0 to 45 (28)