



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

ODI RESUME

Investigation: RQ 04-006
Prompted By: IE 04-045
Date Opened: 07/07/2004
Principal Investigator: Mark Swanson
Subject: Windshield Wiper Failure

Manufacturer: General Motors Corp.
Products: 1997-1998 Chevrolet Malibu and Oldsmobile Cutlass
Population: 270,466

Problem Description: The passenger side wiper pivot housing fails causing the wipers to become inoperative.

FAILURE REPORT SUMMARY

	ODI	Manufacturer	Total
Complaints:	12	0	12
Crashes/Fires:	0	0	0
Injury Incidents:	0	0	0
# Injuries:	0	0	0
Fatality Incidents:	0	0	0
# Fatalities:	0	0	0
Other*:	4	0	4

*Description Of Other: Vehicles with unknown VIN located in states not included in GM's recall

Action: The Recall Query (RQ) has been opened.

Engineer: Mark B. Swanson /MS
Div. Chief: Thomas Z. Cooper
Office Dir.: Kathleen C. DeMeter

Date: 07/07/2004
Date: 07/07/2004
Date: 07/07/2004

Summary: GM conducted a recall (NHTSA number 01V-068) on certain Model Year (MY) 1997-1998 Chevrolet Malibu, and Oldsmobile Cutlass vehicles to replace defective windshield wiper pivot housings. GM reported that wiper failure was triggered by loads placed on the wipers when operated under conditions of moderate to heavy snowfall. GM conducted the recall in 28 states and the District of Columbia that receive moderate to heavy snowfall. The recall covered the subject vehicles built through January 1998. Vehicles built after that date contained revised and stronger components in the pivot housing. ODI is aware of 12 complaints on vehicles that have VINs (vehicle identification numbers) within range of the recalled vehicles but located in states not included in the GM recall. Several of the complaints report failure of the wipers when operated under conditions of heavy rainfall. ODI is also aware of 4 other complaints on the subject vehicles with unknown build date (unknown VIN) located in states not included in the GM recall. ODI will open an RQ investigation.

12604
7-8-04



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

30-APR-2004

Repository Reference No.
10071935**OWNER INFORMATION (Type or Print)**

Name

Address

City

SPENCER

State NC

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 4/30/04

VEHICLE INFORMATION

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

1G3

Make

OLDSMOBILE

Model

CUTLASS

Model Year

1999

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 Failure: 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 P215/55R15)

DOT No. (Example: DOTM4LSABC036)

 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

0

0

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 (ie, parts repaired or replaced (and if old part is available)).

WHILE DRIVING AT 30 MPH ON A DOWN 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.

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.

 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 17-MAR-2004	Repository <input type="checkbox"/> Reference No. 10062439
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	
Address		E-mail Address	
City TAMPA	State FL	Zip Code	Evening 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 or address to the vehicle manufacturer.			
Signature of Owner		Date: 3/1/04	
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G1ND52T3M		Make CHEVROLET	Model Year 1997
Date Purchased 24-JUL-99	Dealer's Name and Telephone Number		Model MALIBU
Original Owner <input type="checkbox"/>	Dealer's City	Engine: No: Cylinders	Fuel Type: Gas
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 137300 VISIBILITY: REAR WINDOW WIPER/WASHER: LINKAGES
		State	Zip Code
Multiple Failure: 1			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 17-MAR-2004	Failure Mileage 109482	Failure Speed 70	
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 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).			
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 KNOWN DEFECT ON THE WIPER PIVOTS FOR MY MODEL CAR. BUT REGARDLESS, THE RECALL WASNT 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 ISNT 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. *184			
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

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
20 FEB 2004
Repository
Reference No.
10058140

OWNER INFORMATION (Type or Print)

Name _____ Daytime Telephone Number _____ E-mail Address _____
Address _____
City MIAMI State FL Zip Code _____ Evening Telephone Number _____

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

Signature of Owner _____ Date _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
PLEASE FILL IN 1G1ND52M5V
Make CHEVROLET Model MALIBU Model Year 1997
Date Purchased 1997 Dealer's Name and Telephone Number _____ Engine: _____ Fuel Type: _____
Original Owner Dealer's City ST. LOUIS State MO Zip Code 63045
Transmission Type Automatic Antilock Brakes Cruise Control Powertrain V-6
Vehicle Component Code
136300 VISIBILITY:WINDSHIELD WIPER/WASHER:LINKAGES
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 26 JAN 2004 Failure Mileage 91000 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: DOT1ALBACD38) Original Equipment Prior Repair Failure Location: _____
Tire 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

(Please describe in detail the incident, 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 LINKAGE FAILED. A RECALL HAS BEEN ISSUED; HOWEVER, THIS VEHICLE WAS NOT COVERED BY THE RECALL DUE TO VIN.
*AK

Indicate, 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 100184

Date Received

02-FEB-2004

Repository

Reference No.
10057293

OWNER INFORMATION (Type or Print)

Name

Address

City

EVANSTON

State

AZ

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
PLEASE PROVIDE

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

136300 VISIBILITY:WINDSHIELD WIPER/WASHER:LINKAGES

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: DOTM1A9A8C036)

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(es).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

0

0

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

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 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. #01V066000, WINDSHIELD WIPER LINKAGE. *NM

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

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 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 1 / 1 / _____

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

Cruise Control

Powertrain

Vehicle Component Code

136000 VISIBILITY:WINDSHIELD WIPER/WASHER

Multiple Failure: 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

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire 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

(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 a 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 9999999

Date Received	Repository <input type="checkbox"/>
15-JAN-2004	Reference No. 10070049

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City EDEN State NC Zip Code _____

Daytime Telephone Number _____ Email 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 (Looked at bottom of windshield on driver's side) 1G1NES2M9W	Make CHEVROLET	Model MALIBU	Model Year 1996
Date Purchased _____	Dealer's Name and Telephone Number _____		Engine: No. Cylinders _____
Original Owner <input type="checkbox"/>	Dealer's City _____	State _____	Zip Code _____
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain _____	Vehicle Component Code 980000 OTHER
Multiple Failure: _____			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-FEB-2003	Failure Mileage 138000	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: DOTM4L9ABC036)	<input type="checkbox"/> Original Equipment <input checked="" 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 96 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 93-502) This information is requested pursuant to a 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 of 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 100192

Date Received

12-JAN-2004

Repository

Reference No.
10053842

OWNER INFORMATION (Type or Print)

Name

Address

City GRAND PRAIRIE

State TX

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 1/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G1NE52H6W

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

01L300 STEERING:HYDRAULIC POWER ASSIST:POWER STEERING F

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage
100000

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: DOTM19A5C036)

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

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

1

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).

VEHICLE WAS EXPERIENCING THE SAME PROBLEMS AS THOSE STATED IN RECALLS, WHICH INCLUDED THE STEERING GEAR BEARINGS, AND THE WINDSHIELD WIPER ARMS. *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 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 100245

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
Evening Telephone Number
E-mail Address

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 Failure: 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: 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 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-DDT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

11-DEC-2003

Repository

Reference No.
10049566

OWNER INFORMATION (Type or Print)

Name

Address

City PENSACOLA

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 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

1G1NES2M6W

Make

CHEVROLET

Model

MALIBU

Model Year

1998

Date Purchased
22-OCT-99

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

UNKNOWN

Vehicle Component Code

136300 VISIBILITY:WINDSHIELD WIPER/WASHER:LINKAGES

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
09-DEC-2003

Failure Mileage
82015

Failure Speed
55

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(es).)

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(es).

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. *AM-HOWEVER I DONT 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, 01V068000. 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 PHELCIA PARTAIN

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

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 100079

Date Received 02-SEP-2003	Repository <input type="checkbox"/>
	Reference No. 10038007

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address			Evening Telephone Number	
City SAINT LOUIS	State MO	Zip Code		

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 <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Anti-lock Brakes <input type="checkbox"/> 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: DOTM15ABC136)	<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).

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 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
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 / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GLND52T6V
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 13G300 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: DOTM4LSABC036) 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

Provide a 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 93-579 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 1-800-424-8993 DC METRO AREA (202) 386-0123		FOR AGENCY USE ONLY	
OWNER INFORMATION (Type or Print)				Date Received 03 MAR 14 PM 4:29	Old or r-d od-r up-tr
Name				Reference No. 10011991	
Street				Day Time Telephone Number	
City <u>Holiday</u> State <u>Fl.</u> Zip Code					
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 <u>2.12.03</u>	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
<u>161ND52M5W</u>		<u>1998 Chev.</u>	<u>MALIBU</u>	<u>1998</u>	<u>118108115</u>
Purchase Date <u>11-19-99</u>	Dealer's Name <u>LOKEY HONDA SUZU</u>		Engine Size (CID/CC/L)		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Clearwater</u> State <u>Fl.</u> Zip Code <u>33764</u>		No. Cylinders <u>6</u>		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Anti-lock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> Driver-side Airbag <input type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <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 <u>13</u>	Part Name(s) <u>Water pump + belt, Front Brake belt, Rear Brake, Alternator, Pulley, Water Pump, Brake Master Cylinder</u>		Location <input type="checkbox"/> L <input checked="" type="checkbox"/> R <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Right	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No. of Failures <u>13</u>	Date(s) of Failure(s) <u>11-19-99</u>	Mileage at Failure(s) <u>37845</u> , <u>60179</u> , <u>107331</u> , <u>104956</u>	Vehicle Speed at Failure(s) <u>1</u>	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 <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>0</u>	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.					
D	O	T	Manufacturer	Tire Name	Size
TIRE SIZE				TIRE MANUFACTURER	
TIRE NAME					
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.					
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.					

Narrative Description of Failure(s), Accident(s), and Injury(ies)

	OVER		
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 182,900. LAST Number is tenth. But all 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 going. When I brought the car to dealer said my rotor

Fold to show return address (no stamp needed) Fasten with tape or staple and mail

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 73179 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. H.W. 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: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G1ND5ZT9V
Make: CHEVROLET Model: MALIBU Model Year: 1997
Date Purchased: 01-AUG-02 Dealer's Name and Telephone Number: _____ Engine: _____ 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: 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(s)
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 WIPE 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 a 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 254

Date Received

01-JUN-2002

Repository

Reference No.
564289

OWNER INFORMATION (Type or Print)

Name

Address

City

FLAGSTAFF

State

AZ

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

Make

CHEVROLET

Model

MALIBU

Model Year

1997

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

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

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4SABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire 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

(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 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 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 responses, 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) 388-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 21-SEP-2001	Ed_or _____ Rt_dt _____ Pd_rt _____ Up_itr _____
	OWNER INFORMATION (Type or Print) <div style="text-align: right;">718911</div>		Reference No. 752455	
MARYLAND HEIGHTS MO		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's manufacturer.				
Signature of Owner _____		Date ____/____/____		
VEHICLE INFORMATION				
Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small> 1G1ND52M1V	Vehicle Make CHEVROLET	Vehicle Model MALIBU	Vehicle Year 1997	
Current Odometer Reading _____		Engine Size (CID/CC/L) _____ No. Cylinders _____		
Purchase Date 01-MAY-1998 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-lock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driv erside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	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 _____	<input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Component 10313000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER LINKAGE-PIVOT-DRIVE AS	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 1	Date(s) of Failure(s) 03-SEP-2001 Mileage at Failure(s) 70000 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				
<small>CONTINUE ON BACK IF NEEDED</small>				
<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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9383
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 920

Date Received

08-MAY-2001

Od_or _____
M_dt _____
bd_rt _____
up_tr _____

Reference No.

887736

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> 1G1NE52M5W	Vehicle Make CHEVROLET	Vehicle Model MALIBU	Vehicle Year 1998	Current Odometer Reading		
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 Injected			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-lock 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 Belt	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 UT <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 70323 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 Fatality 0	Estimated Property Damag	Reported to Police <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) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 758

Date Received

17-APR-2001

 Ord. or
rt. dt
pd. rt
up. jr

Reference No.

886128

OWNER INFORMATION (Type or Print)

666695

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> 1G1ND52TV	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 Injectio			
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 Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Sport UR <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) VISUAL SYSTEM&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 46000 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	Number of Fatalities	Estimated Property Damage	Reported to Police <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.