



DOT Auto Safety Hotline

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

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 100147

Date Received

Repository

Reference No.
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2003 MAY -7 10:12:09

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: CHANTILLY State: VA Zip Code: [Redacted]

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 name or address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 4-12-03

VEHICLE INFORMATION

17 digit vehicle identification number (located at bottom of windshield on driver's side): [Redacted]
Make: CHEVROLET Model: TAHOE Model Year: 1998
Date Purchased: 2/25/00 Dealer's Name and Telephone Number: [Redacted] Engine: No. Cylinders: 8 Fuel Type: unlead
Original Owner: Dealer's City: [Redacted] State: VA Zip Code: [Redacted]
Transmission Type: Auto 4WD Antilock Brakes Cruise Control Powertrain: UB Vehicle Component Code: 01000 STEERING
Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 15-MAR-2003 Failure Mileage: 72,000 Failure Speed: 25-40 mph
Vehicle will steer sharp to Right or left on its own

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: D0THAL9ABC036): [Redacted] Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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: [Redacted] Number of Deaths: [Redacted] 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 DRIVING THE STEERING WHEEL WOULD OVER STEER WHICH CAUSED THE CONSUMER TO JERK THE STEERING WILL BACK IN PLACE. THE DEALER WAS NOTIFIED. *NLM

(3) I took it into Pohanka Chev. Dealer. They checked and tested and said EVO sensor was bad. Replaced. Service Manager/person said they are seeing a lot of them. Another mechanic said the same thing. (2) Truck would turn sharp right or left on its own, wife could not control vehicle safely. (1) NO WARNING just started problem, had

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.

5 Front end checked, tires checked, Linkage checked found nothing.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**