



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 1368

Date Received: **103 AUG 2003** Repository:
Reference No.: **10029727**

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: **HAMILTON** State: **OH** 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 authorized name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: **8/21/2003**

VEHICLE INFORMATION

Make: **CHEVROLET** Model: **TAHOE** Model Year: **1998**
Date Purchased: [Redacted] Dealer's Name and Telephone Number: [Redacted] Engine No: Cylinders: [Redacted] Fuel Type: [Redacted]
Original Owner: Dealer's City: [Redacted] State: [Redacted] Zip Code: [Redacted]
Transmission Type: [Redacted] Antilock Brakes Powertrain: [Redacted] Vehicle Component Code: **136000 VISIBILITY: WINDSHIELD WIPER/WASHER**
 Cruise Control Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): **10-JUL-2003** Failure Mileage: **64843** Failure Speed: **---** **WIPER MOTOR / CONTROL**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: D0TH4LSABC036): [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), condition, 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 (e.g., parts repaired or replaced (and if old part is available)).

CONSUMER STATES THAT WHILE DRIVING AND NO WARNING THE WINDSHIELD WIPERS WILL WORK INTERMITTENTLY, AND IT WILL BE HARD FOR THE CONSUMER TO SEE DURING RAINY WEATHER. DEALER NOTIFIED. *AK

Include, if available, Police/State 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 Administration 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 statement in summary thereof, may be used in support of the agency's action.