



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

2003

FOR AGENCY USE ONLY 335

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OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City COUNCIL BLUFFS State IA Zip Code [Redacted]

Daytime Telephone Number [Redacted] 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: 1GNEK13RXWJ313342
Make CHEVROLET Model TAHOE Model Year 1998
Date Purchased 1999 Dealer's Name and Telephone Number LOTUS OF OMAHA
Engine: No: Cylinders 8 Fuel Type: Unleaded GAS
Original Owner Dealer's City OMAHA NE State NE Zip Code
Transmission Type Auto Antilock Brakes Cruise Control Powertrain 4x4
Vehicle Component Code D10000 STEERING Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) Failure Mileage Failure Speed Steering Temp felt like loss of control very small time then regain control w/o any movement of steering wheel

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ The Model (Name or Number) _____ Tire Size (Example P215/65R15)
DOT No. (Example: DOTM15A8C036) 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 WHEN TRUCK IS BEING DRIVEN ON STRAIGHT OR CURVE STEERING FEELS LOOSE AND UNCONTROLLABLE, THEN RETURNS TO NORMAL. PROBLEM IS VERY NOTICEABLE IN COLD WEATHER. *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.