



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-3-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100161

Date Received
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City RALEIGH State NC Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
E-mail Address [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 [REDACTED] Date 12/17/03

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side
1GNEK13R8WJ348798
Make CHEVROLET Model TAHOE Model Year 1998
Date Purchased 1999 Dealer's Name and Telephone Number CHEV'S LEIGH CHEVROLET
Original Owner Dealer's City WAKE FOREST State NC Zip Code 27884
Engine: No. Cylinders 8 Fuel Type: GASOLINE
Transmission Type AUTOMATIC Antilock Brakes Powertrain Cruise Control
Vehicle Component Code 103000 POWER TRAIN-AUTOMATIC TRANSMISSION
Multiple Failure: 2

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: DOTM19ABC036) 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 N/A Number of Deaths N/A 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 VEHICLE WOULD NOT SHIFT INTO REVERSE. VEHICLE WAS TAKEN TO A DEALER, WHO REPLACED THE TRANSMISSION. THIS HAPPENED TWICE WITHIN THE LAST TWO YEARS. CAUSE OF FAILURE NOT DETERMINED. *AK

I HAVE ENCLOSED A COPY OF BOTH REPAIR ORDERS.
PLEASE HELP ME RECOVER SOME OF MY EXPENSES. THIS IS GETTING TO BE A PROBLEM THANK YOU IN ADVANCE.

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.

**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).**