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: 27-OCT-2003 (2003 NOV 24 PM 2:22)

Repository ☐

Reference No. 10044753

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City ROCHESTER | State MN | Zip Code [redacted]

Daytime Telephone Number [redacted] | 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	Model	Model Year
1GNEK13T11J[redacted]	CHEVROLET	TAHOE	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
11/2000	CLEMENTS CHEVROLET 507-289-0491			8	UNLEADED
Original Owner ☒	Dealer's City ROCHESTER	State MN	Zip Code 55901		

Transmission Type		Powertrain	Vehicle Component Code
AUTO	☒ Antilock Brakes ☒ Cruise Control	5.3 LITER AUTO	141000 AIR BAGS:FRONTAL Multiple Failure: 1 - BOTH SIDES

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
12-OCT-2003	50000	60 MPH

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: DOTMALSABC096)	☐ 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	2	0	Y

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 50 MPH CONSUMER'S VEHICLE WAS INVOLVED IN A HEAD ON COLLISION. UPON IMPACT, DUAL AIRBAGS DID NOT DEPLOY. DRIVER SUSTAINED SEVERE HEAD INJURIES AND WAS TAKEN TO A HOSPITAL. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY