



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 100192

Date Received
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OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City ARLINGTON State VA Zip Code [Redacted]

Daytime Telephone Number [Redacted]
Evening 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 _____ Date 1/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GNEK13T8YJ150617

Make CHEVROLET Model YAHOE Model Year 2000

Date Purchased _____ Dealer's Name and Telephone Number _____
Engine: _____ Fuel Type: _____
No: Cylinders _____

Original Owner Dealer's City _____ State _____ Zip Code _____

Transmission Type Antilock Brakes Powertrain _____
 Cruise Control _____
Vehicle Component Code 330000 INTERIOR LIGHTING
Multiple Failure: 1

FAILED COMPONENT (S)/PART (S) INFORMATION

Incident Date(s) _____ Failure Mileage 68744 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: DOTM19ABC038) _____ 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).

CONSUMER COMPLAINED ABOUT A PROBLEM WITH THE SWITCH FOR THE REAR DOOR WHICH LIT UP THE PANEL TO INFORM THAT THE DOOR WAS AJAR. THE DOME LIGHT CAME ON, BUT WOULD NOT GO OFF. CONSUMER TOOK VEHICLE TO DEALERSHIP, BUT THEY WILL NOT REPAIR VEHICLE BECAUSE WARRANTY EXPIRED. *AK

The fact that the dome light came on & would not go off is a safety concern because I was driving at night when it came on, I could not see and almost wrecked.

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.