



DOT Auto Safety Hotline

FOR AGENCY USE ONLY - 100192

U.S. Department of Transportation

Vehicle Owner's Questionnaire To Report Vehicle Safety Defects

National Highway Traffic Safety Administration

1-888-486-7273
INTERNET www.nhtsa.dot.gov/hotline

Date Received

Repository

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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
 Address: [REDACTED]
 City: MESA State: AZ 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: 2/5/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 1GNEK13R5W [REDACTED]
 Make: CHEVROLET Model: TAHOE Model Year: 1998
 Date Purchased: 10/26/99 Dealer's Name and Telephone Number: Brown and Brown Chevy 480-933-3456 Engine: 350 No. Cylinders: 8 Fuel Type: GAS
 Original Owner: Dealer's City: MESA State: AZ Zip Code: 85201
 Transmission Type: Auto Antilock Brakes Powertrain: [REDACTED] Vehicle Component Code: 135000 VISIBILITY: WINDSHIELD WIPER/WASHER
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): [REDACTED] Failure Mileage: 95000 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
 DOT No. (Example: DOTM19ABC036) 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), crash(es), and injury(es).)

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(es).
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).

THE WINDSHIELD WIPER WORKED INTERMITTENTLY. PROVIDE FURTHER DETAILS. *JB
 some time they work, and sometimes they stop and will not start again.
 They are doing something that my 1995 pickup was doing.
 when they done a recall and corrected the problem by installing a
 new module in wiper control

ENTER COMPONENT(S) AND (2) ENGINE #/BOX

Wiper Control [REDACTED] Engine #/Box [REDACTED]

Include, if available: Police/Fire 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 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 a definitive enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.