



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100161

Date Received
APR 20 AM 10:29
20-JAN-2004

Repository
Reference No.
10056371

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City SANTA ROSA State CA Zip Code [Redacted]

Daytime Telephone Number [Redacted] Email Address [Redacted]
Evening Telephone Number [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of your name or address to the vehicle manufacturer. YES NO
Signature of Owner [Redacted] Date 2/13/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GNEC13R3WJ332215
Make CHEVROLET Model TAHOE Model Year 1998
Date Purchased 9-9-99 Dealer's Name and Telephone Number MS Connell Chevrolet
Engine: No. Cylinders 8 Fuel Type: G
Original Owner Dealer's City Healdsburg State CA Zip Code [Redacted]
Transmission Type AUTOMATIC Antilock Brakes Powertrain Cruise Control
Vehicle Component Code Q2000 SUSPENSION
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) Jan 3 '04 Failure Mileage 71000 Failure Speed 65 mph

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: DOTM14SABC036) 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(ies).)

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(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).

STEERING WHEEL JERKS AND PULLS TO THE RIGHT LIKE THE VEHICLE IS OUT OF CONTROL. ALSO, WINDSHIELD WIPERS OPERATE INTERMITTENTLY. *AK
Driver side mirror burned up

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.