



U.S. Department of Transportation  
National Highway Traffic Safety Administration

DOT Auto Safety Hotline  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-866-DASH-2-DOT  
(1-866-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100192

Date Received 27-APR-2004  
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OWNER INFORMATION (Type or Print)

Name [Redacted]  
Address [Redacted]  
City WAYCROSS State GA Zip Code [Redacted]  
Daytime Telephone Number [Redacted] E-mail Address [Redacted]  
Evening Telephone Number [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 authorized signature, provide your name or address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 5/15/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GNEC13K9S [Redacted]  
Make CHEVROLET Model TAHOE Model Year 1995  
Date Purchased [Redacted] Dealer's Name and Telephone Number [Redacted] Engine: No. Cylinders 8 Fuel Type: GAS  
Original Owner  Dealer's City [Redacted] State [Redacted] Zip Code [Redacted]  
Transmission Type AUTO  Andlock Brakes  Cruise Control Powertrain [Redacted] Vehicle Component Code D48000 SERVICE BRAKES, AIR:ANTILOCK  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) [Redacted] Failure Mileage 80000 Failure Speed ALL

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: DOTMALBABC036)  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).

VEHICLE HAS ANTI-LOCK BRAKES WITH A SPONGY BRAKE PEDAL. CONSUMER REPLACED EVERY PART OF THE BRAKES, EXCEPT THE BRAKE BOOSTER AND THE KELSEY-HAYES ANTI-LOCK BRAKE MODULE. VEHICLE HAS NO BRAKE PRESSURE. THE PEDAL GOES TO THE FLOOR. \*AK I BOUGHT IT SECOND HAND AND HAD BRAKE TROUBLE SINCE THE FIRST DAY I HAVE OWNED. IT I HAVE BLED THE BRAKES 5 OR 6 TIMES AND ADJUSTED BRAKE SHOES 4-5 TIME AND NO PEDAL STILL. I REPLACED PADS CALIPERS HOSES WHEEL CYL DRUMS SHOES MASTER CYL BLEED BY GRABBY, PRESSURE, VACUUM, STILL BAD PEDAL

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.