



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-DDT

(1-888-327-4236)

INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1367

Date Received

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Repository

Reference No.
10078976

OWNER INFORMATION (Type or Print)

Name

Address

City MANTENO

State IL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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, NOT include your name or address to the vehicle manufacturer.

Signature of Owner

Date 7/12/04

VEHICLE INFORMATION

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

1GNEK13T0YJ

Make

CHEVROLET

Model

TAHOE

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

AntiLock Brakes

Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

133000 VISIBILITY:POWER WINDOW DEVICES AND CONTROLS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

18-MAR-2004

Failure Mileage

60000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R16)

DOT No. (Example: DOTM19ABC036)

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

1

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).

WHILE THE VAN WAS PARKED IN THE DRIVEWAY WITH THE ENGINE RUNNING TODDLER POKED HEAD OUT OF THE REAR PASSENGER SIDE WINDOW, AND PUT HAND ON THE DOOR ARM REST, WHERE THE POWER WINDOW CONTROLLER SWITCH WAS LOCATED. THE WINDOW STARTED GOING UP. TODDLER PANICED AND PUSHED DOWN HARDER ON THE CONTROLLER SWITCH, AND WINDOW CONTINUED GOING UP AND CHOKED THE TODDLER. CONSUMER FELT THAT A CHILD PROOF DEVICE SHOULD BE INSTALLED IN THE REAR POWER WINDOWS TO PREVENT SUCH INCIDENT FROM OCCURRING. *AK

All windows

Include, if available: Police/Traffic 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.