



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 1367

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

Name [REDACTED]  
Address [REDACTED]  
City DAYTON State OH Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]  
Evening Telephone Number SAME

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 7/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GNEC13Z43P [REDACTED]  
Make CHEVROLET Model TAHOE Model Year 2003  
Date Purchased 12-02 Dealer's Name and Telephone Number FRANK-Z 937 224-2600 Engine: No. Cylinders 8 Fuel Type: GAS  
Original Owner  Dealer's City DAYTON State OH Zip Code [REDACTED]  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain REAR WHEEL DRIVE  
Vehicle Component Code 114200 ELECTRICAL SYSTEM:WIRING:INTERIOR/UNDER DASH  
Multiple Failure: 8

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 20-JAN-2003 Failure Mileage 200 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: 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), condition(s), 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).

DIGITAL CONSOLE SUDDENLY READ FOREIGN LANGUAGES, AND THEN BLINKED OUT WHILE DRIVING. WHEN THIS OCCURRED CONSOLE COMPONENTS WERE NOT READABLE. IN SOME CASES CONSOLE STAYED ILLUMINATED IN THE FOREIGN LANGUAGE. CONSUMER WAS UNABLE TO CORRECT THIS FAILURE MANUALLY. THE BATTERY DIED ON 8 SEPARATE OCCASIONS. WHEN THIS OCCURRED DEALERSHIP REPROGRAMMED THE SYSTEM. HOWEVER, PROBLEM RECURRED. DEALERSHIP REPLACED A MODULE IN THE CONSOLE. \*AK

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.