

 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		FOR AGENCY USE ONLY 1220 Date Received: 01-OCT-2004 Repository: <input type="checkbox"/> Reference No.: 10094837	
Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline			
OWNER INFORMATION (Type or Print)			
Name: [REDACTED]		Daytime Telephone Number: [REDACTED]	
Address: [REDACTED]		Evening Telephone Number: [REDACTED]	
City: DANVILLE	State: CA	Zip Code: [REDACTED]	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorized representative, provide your name or address to the vehicle manufacturer. <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO Signature of Owner: [REDACTED] Date: 10/30/2010			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GNEK13RXYR [REDACTED]		Make: CHEVROLET	Model: TAHOE
			Model year: 2002
Date Purchased: 2003	Dealer's Name and Telephone Number: Bought used		Engine: No. Cylinders: 8
Original Owner: <input type="checkbox"/> no	Dealer's City: I believe Texas	State: Tex	Fuel Type: regular
Zip Code: [REDACTED]			
Transmission Type: Auto	<input type="checkbox"/> Antilock Brakes	Powertrain: 4 wheel drive	Vehicle Component Code: 185000 VEHICLE SPEED CONTROL: CRUISE CONTROL
<input checked="" type="checkbox"/> Cruise Control	Multiple Failure: 1 more than 4 times		
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s): 20-SEP-2004	Failure Mileage: 1886.000	Failure Speed: 65	Set cruise control at 65 mph and cruise control accelerated. It has done this more than 4 times
2my2010			
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):	<input type="checkbox"/> Original Equipment	Failure Location:	
<input type="checkbox"/> Prior Repair			
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).			
UPON SETTING THE CRUISE CONTROL VEHICLE ACCELERATED AT HIGHER SPEEDS THEN EXPECTED. *AK Set at 65 mph and has accelerated to over 85 mph on multiple occasions. Other times I have put my foot on brake to disengage cruise control when I realized I was traveling over 70-75 mph.			
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.			