Form Approved: O.M.B. No. 2127-0008

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

2005 JUN -2 AM 7:47

FOR AGENCY USE ONLY 100148	
Date Received 04-MAY-2005	Repository ☐
	Reference No. 10119721

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City TROY	State NY	Zip Code	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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GNEK13T21J	CHEVROLET	TAHOE	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
26-FEB-01	DEPAULA CHEVROLET			No. Cylinders 8	Gas
Original Owner ☒	Dealer's City ALBANY	State NY	Zip Code 12144		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	038000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 30

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
05-JAN-2004	72000	25

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: DOTMALSABC036)	☐ 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 location(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

BRAKES WONT STOP VEHICLE. JERKED FORWARD, HIT BRAKES HARD TO STOP AT LOW SPEEDS LIKE CITY DRIVING. SERVICED MANY TIMES.
*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.