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) - TTY 20
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
01-JUN-2005	Reference No. 10123767

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City GREEN BAY	State WI	Zip Code [redacted]	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
1GNEK13R2X[redacted]	CHEVROLET	TAHOE	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
27-FEB-00	BOEHMER CHEVROLET 847-526-2424			No. Cylinders 8	Gas
Original Owner ☒	Dealer's City WAUCONDA	State IL	Zip Code 60084		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 24

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-DEC-2001	48000	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: DOTMAL9ABC086)	☐ 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 provide in detail the Incident(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).

DT: WITHOUT WARNING THE BRAKES WILL NOT WORK. CALLER HAS TO HIT THE BRAKES HARD AT TIMES TO GET THE VEHICLE TO STOP. CALLER SAID THERE IS A RECALL IN CANADA ON THESE BRAKES. DEALER SAID THERE IS NO PROBLEM WITH BRAKES. MANUFACTURER HAS NOT BEEN CALLED YET. *AK

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