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 100148

Date Received: 29-AUG-2005 (2005 SEP 29 AM 11:09)

Repository ☐

Reference No. 10134573

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City: PARKLAND | State: FL | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number [redacted]

E-mail Address [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☑ YES ☐ NO
In the absence of an e[redacted]L NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date UBC

VEHICLE INFORMATION

17 digit Vehicle Identification Number (Located at bottom of windshield on driver's side)	Make	Model	Model Year
1GNEC13Z2[redacted]	CHEVROLET	TAHOE	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	LOU BACHROOT CHEVROLET			No. Cylinders: 8	Gas
Original Owner ☒	Dealer's City: COCONUT CREEK	State: FL	Zip Code: 33073		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	060000 ENGINE AND ENGINE COOLING Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
05-JUN-2005	14000		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P216/66R15)
DOT No. (Example: DOTMA1GABC036)	☐ 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	Fire	Number of Persons Involved	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: THE CALLER STATED VEHICLE STALLS. THIS HAPPENS WHEN HDRIVING AT SLOWER SPEEDS AND IDLING.THE ENGINE HESITATED JUST BEFORE IT STALLED. DEALER SAID THE PROBLEM WAS IN A COMPUTER CHIP THE FIRST TIME. THE SECOND TIME HE HAD IT IN THEY TOLD HIM HE MAY BE OUT OF GAS THEY COULD NOT DUPLICATE THE PROBLEM. MANUFACTURER WAS CALLED AND HE FILED A COMPLAINT WITH THEM. *AK

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