



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 OC

FOR AGENCY USE ONLY 100148

Date Received

18 PM 12:54  
09-SEP-2005

Repository

Reference No.  
10135967

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: SUNNYSIDE Evansville State: WY Zip Code: [Redacted]

Daytime Telephone Number

Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, please provide your name or address to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: 12/1/05

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side): 1B6MC2  
Make: CHEVROLET Model: TAHOE Model Year: 2000

Date Purchased: 08-DEC-03 Dealer's Name and Telephone Number: [Redacted] Engine: No. Cylinders: 8 Fuel Type: Gas  
Original Owner:  Dealer's City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control Powertrain: [Redacted] Vehicle Component Code: 073000 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM  
Multiple Failure: 3

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 22-MAR-2004 Failure Mileage: 79300 Failure Speed: [Redacted]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]  
DOT No. (Example: DOTM19ABC036): [Redacted] Original Equipment Prior Repair:  Failure Location: [Redacted]  
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]  
Seat Type: [Redacted] Installation System: [Redacted]  
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash:  Yes  No Fire:  Yes  No Number of Persons Injured: [Redacted] Number of Deaths: [Redacted] 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).

DT: 2000 CHEVROLET TAHOE WPT. THE CAR WOULD BACK FIRE THROUGH THE FUEL INJECTION. THE FUEL PUMP HAS BEEN REPLACE THREE TIMES. THE CAR WAS BOUGHT LESS THAN 2 YEARS AGO. \*AK

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Previous owner had a wreck/band on car fxt

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.