



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

2005 NOV 29 PM 02-NOV-2005

Repository

Reference No.
10141504

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: GREENWOOD State: IN Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Evening Telephone Number: [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 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: 1GMEK [REDACTED]
Make: CHEVROLET Model: TAHOE Model Year: 2000
Date Purchased: 19-APR-00 Dealer's Name and Telephone Number: HUBLER CHEVROLET 317-882-4388 Engine: No. Cylinders: 8 Fuel Type: Gas
Original Owner: Dealer's City: INDIANAPOLIS State: IN Zip Code: 46227
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: 4 WHEEL DRIVE
Vehicle Component Code: 072100 FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-FEB-2006 Failure Mileage: 114000 Failure Speed: _____

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: DOTM1ALBABC036): _____ 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: Yes No Fire: Yes 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).

DT: CONTACT STATED THAT VEHICLE STALLED, AND THE FUEL GAUGE DID NOT WORK PROPERLY, WHILE SITTING AT A STOP SIGN THE VEHICLE STALLED. THIS HAPPENED ONLY ONCE. THE FUEL GAGE HAS NOT BEEN WORKING PROPERLY FOR ABOUT EIGHT MONTHS. NHTSA RECALL 05V155000 CONCERNING FUEL PUMP FAILURE WAS ISSUED. THE AFOREMENTIONED SYMPTOMS WERE TYPICAL FOR FAULTY FUEL PUMP WIRING. THE VEHICLE HAS NOT BEEN INSPECTED BY THE DEALER. HE MADE CONTACT BY PHONE WITH BOTH THE DEALER AND MANUFACTURER IN AN ATTEMPT TO OBTAIN RECALL REPAIRS. THE REQUEST WAS DENIED BECAUSE THIS VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO VIN. *AK

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1974 (Public Law 93-570) 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.