



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository

38-MAR-2006: 117

Reference No.
10154153

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City KALAMAZOO State MI Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

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 [REDACTED] provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 4/5/2006

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 3GNEX18R9WG [REDACTED]
Make CHEVROLET Model TAHOE Model Year 1998
Date Purchased [REDACTED] 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 4 WHEEL DRIVE
Vehicle Component Code 036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 28-MAR-2006 Failure Mileage 131000 Failure Speed 5

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: DOTM1A9ABC036) 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), (2) crash(es), and (3) injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured 0 Number of Deaths 0 Reported to Police Y

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 CONTACT STATED WHILE PULLING OUT FROM A RED LIGHT AT 5MPH, A VEHICLE IN FRONT OF THE CONTACT SLAMMED ON THE BRAKES. WHEN THE CONTACT WENT TO APPLY THE BRAKES, THE ABS ENGAGED AND THE BRAKE PEDAL WENT TO THE FLOOR AND THE VEHICLES CRASHED. THE CONTACT'S VEHICLE RECEIVED NO DAMAGE; HOWEVER, THE FRONT VEHICLE SUSTAINED PROPERTY DAMAGE TO THE REAR BUMPER. THE POLICE WERE CALLED TO THE SCENE ALTHOUGH THERE WERE NO INJURIES.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. 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 a declaratory enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

MR TARKOWSKI CONTACTED GM. RESOURCE CENTER PRODUCT ALLOCATION DEPT. REPRESENTATIVE CHAD DREYHAM, MR DREYHAM INDICATED DUE TO THE AGE AND AMOUNT OF MILES ON VEHICLE GM WOULD NOT COVER ANY REPAIRS. GM DID HOWEVER COVER THE INSPECTION COST. GM DOES HAVE A SERVICE BULLETIN #02-05-25-006B. I AM BEING SUED FOR DAMAGES, OF THE VEHICLE I HIT, THE PLAINTIFF STATES I WAS NEGLIGENTLY OPERATING MY VEHICLE WITHOUT PROPER CARE AND CAUTION, MY INITIAL TICKET WAS DISMISSED BECAUSE I PROVIDED EVIDENCE MY VEHICLE WAS DEFECTIVE, GM NEEDS TO BE HELD ACCOUNTABLE.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300

KALAMAZOO MI 490

19 JUN 2006 PM 1

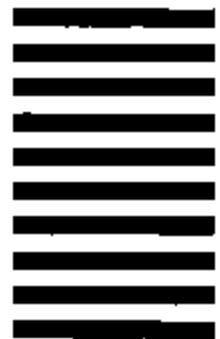


BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590



Vehicle Owners Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

800-321-4136

IT'S



Think your vehicle has a safety defect?



Exhibit A

Michigan Traffic Crash Report Form 10-78
Department of Transportation
Lansing, Michigan 48201

Do Not Write

Page: 1 of 1
 Report # **064565**
 File # **93001**
 Reporting Agency: **Police Department**
 Court Standard **28**

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Crash No: **3967800** Department Name: **Police Department**

Vehicle 1: **39**
 Make: **80**
 Model: **00**
 Year: **00**
 Color: **00**
 License: **00**
 Title: **00**
 Status: **00**
 Type: **00**
 Location of First Impact:
 None of These
 Road
 Shoulder
 Median
 Other Unknown

Crash Type:
 Single Vehicle
 Head On
 Head On-Left Turn
 Angle
 Rear End
 Rear End-Left Turn
 Front End-Right Turn
 Side-Swipe-Same
 Side-Swipe-Opposite
 Other Unknown

Weather:
 None
 Rain
 Snow
 Fog
 Ice
 Wind
 Other Unknown

Light:
 Daylight
 Dusk
 Night
 Other Unknown

Road Conditions:
 Dry
 Wet
 Icy
 Other Unknown

Special Checks:
 Fatal Report
 Disabled Copy
 Impaired Driver Report
 Other (State Report)
 Non-Resident Area
 Other

09 5
45 0

Location: **W CENTRE AVE**
22
12TH
57

Driver 1: **MMDDYY**
 License: **00000000**
 Sex: **00**
 Height: **000**
 Weight: **000**
 Hair: **00**
 Eyes: **00**
 Blood Alcohol: **00**
 Seat Belt: **00**
 Driver 2: **MMDDYY**
 License: **00000000**
 Sex: **00**
 Height: **000**
 Weight: **000**
 Hair: **00**
 Eyes: **00**
 Blood Alcohol: **00**
 Seat Belt: **00**

Witness 1: **MMDDYY**
 License: **00000000**
 Sex: **00**
 Height: **000**
 Weight: **000**
 Hair: **00**
 Eyes: **00**
 Blood Alcohol: **00**
 Seat Belt: **00**

Witness 2: **MMDDYY**
 License: **00000000**
 Sex: **00**
 Height: **000**
 Weight: **000**
 Hair: **00**
 Eyes: **00**
 Blood Alcohol: **00**
 Seat Belt: **00**

Property: **00000000**
 Make: **0000**
 Model: **0000**
 Year: **00**
 Color: **00**
 License: **00000000**
 Title: **00**
 Status: **00**

Report # **2582215**
 Date: **MMDDYY**
 Time: **MMSS**
 Location: **00000000**

Do Not Write or Mark on This Side of the Form

Do Not Write or Mark in This Area

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**