



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECT
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov

POSTED
OFFICE OF DEFECTS INVESTIGATION
AGENCY USE ONLY
Reference No. **550640**
(UNLISTED)

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

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: [Redacted] Date: 1/26/00

PRODUCT INFORMATION

Vehicle Ident. No. (VIN): (17 Digits) <u>1GMEK18K45J394781</u>		Make <u>CHEVROLET</u>	Model <u>TAHOE</u>	Year <u>1995</u>
Purchased Date <u>5/95</u>	Dealer's Name <u>DANIEL'S CHEVROLET</u>		Engine Size (CID/CC/L) <u>350</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>ORCHARD PARK</u>	State <u>NY</u>	Zip Code <u>14127</u>	No. Cylinders <u>8</u>
Manufacture Date (on driver's door or pillar) <u>5/95</u>	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Air Bag <input checked="" type="checkbox"/> Seat Belt <input type="checkbox"/> Child Seat		Drive Train <input checked="" type="checkbox"/> 4 Wheel

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) <u>BATTERY</u>	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s):	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	Reported to Manufacturer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies):
LEAKING BATTERY DRIPPED ONTO INNER ^{RIGHT} FRONT FENDER, BRAKELINES & HOSES -

Continue on back.

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.