

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
AdministrationDOT Auto Safety Hotline  
Vehicle Owner's Questionnaire (VOQ)NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

## FOR AGENCY USE ONLY 258

Date Received

03-JAN-2000

Oid\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

716778

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNEK13R4WJ373830	CHEVROLET TRU	TAHOE	1998	

Purchase Date <b>01-JAN-1998</b>	Dealer's Name _____	Engine Size (CID/CC/L) <u>5.7/L</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
--	---	--	--	---	--	--

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

Component 02100000 03270000	Part Name(s) <b>SUSPENSION:INDEPENDENT FRONT BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------------------	---	--	---

No. of Failures <b>3</b>	Date(s) of Failure(s) <u>05-JAN-1999</u> Mileage at Failure(s) <u>15000</u> Vehicle Speed at Failure(s) <u>50</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------	---	---	---

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	---------------------------	----------------------	---------------------------	---

## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

FRONT END SHIMMY AT SPEEDS OVER 50MPH. BALANCED AND REBALANCED TIRES, ALIGNED FRONT END 3 TIMES IN 6 MONTHS. FINALLY REPLACED ALL 4 TIRES W/NEW FIRESTONE TIRES. ALIGNED FRONT END W/NEW TIRES. 3 MONTHS LATER, ROTATED AND BALANCED TIRES - FRONT END SHIMMY CONTINUES TO OCCUR. HAVE TRIED ALIGNMENT, BALANCING TIRES, AND NEW TIRES. NOT ACCEPTABLE TO HAVE SIGNIFICANT FRONT END SHIMMY BEGINNING AT 15000 MILES. ALSO INCREASED VIBRATION WHEN BRAKING - ROTORS HAVE ALREADY BEEN REPLACED TWICE AND VIBRATION THAT SHAKES STEERING WHEEL CONTINUES TO OCCUR WHEN BRAKING. \*AK

CONTINUED ON BACK (REVERSE)

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.