



**DOT 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**

|   |              |
|---|--------------|
| Data Received<br><br><b>23-JUN-2000</b> | Od_or _____  |
|   | rt_dt _____  |
|   | od_rt _____  |
|   | up_ltr _____ |
| Reference No.<br><br><b>724440</b>      |              |

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><br><b>1GNEK13K8SJ435985</b> | Vehicle Make<br><b>CHEVROLET TRU</b> | Vehicle Model<br><b>TAHOE</b> | Vehicle Year<br><b>1995</b> | Current Odometer Reading |
|--|--------------------------------------|-------------------------------|-----------------------------|--------------------------|

|   |                                       |                                 |   |
|---|---------------------------------------|---------------------------------|---|
| Purchase Date<br><b>01-SEP-1995</b>                                   | Dealer's Name _____                   | Engine Size (CID/CYL) <b>V8</b> | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____             |   |

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

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

|   |  |   |   |
|---|--|---|---|
| Component<br><b>08100000<br/>13520000</b> | Par. Name(s)<br><b>ELECTRICAL SYSTEM:BATTERY<br/>STRUCTURE:TAILGATE ASSEMBLY:HINGE AND ATTACHMENTS</b> | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Frnt <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|---|--|---|---|

|                             |  |   |                                    |   |
|-----------------------------|--|---|------------------------------------|---|
| No. of Failures<br><b>1</b> | Date(s) of Failure(s) <b>15-OCT-1999</b> | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Mileage at Failure(s) <b>65000</b> | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|                             | Vehicle Speed at Failure(s) <b>0</b>     |   |                                    |   |

**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

|   |   |                                       |                                  |                           |   |
|---|---|---------------------------------------|----------------------------------|---------------------------|---|
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br><b>0</b> | Number of Fatalities<br><b>0</b> | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|---------------------------------------|----------------------------------|---------------------------|---|

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

**MY BATTERY FAILURE WAS SAME AS POWER FAILURE THAT NEWSPAPER SAID NHTSA WAS INVESTIGATING. I STILL HAVE BATTERY WHICH WILL SHOW WHY VEHICLE LOSES POWER. I ALSO KNOW OF ONE MORE EXACT SAME FAILURE WITH A SUBURBAN WHICH PROBABLY HAS'NT BEEN REPORTED. THE CARGO DOOR HINGES ARE ANOTHER FAILURE THAT GMC REFUSES TO ADDRESS AND BLAMES IT ON POOR MAINTINENCE BY THE OWNER. \*AK**

CONTINUED ON BACK PLEASE

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.